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January 1956

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ANN ARBOR MICH
EXCH

An Army Nurse Looks Into Atomic Nursing
page 12

The ANA Economic Security Program
pages 14-15

The WEST—A Travelogue of Nursing Opportunities
page 18

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COVER PHOTO

In the Isotope Laboratory, RadioBiology Department, Walter Reed General Hospital, Lt. Margaret E. Peters, ANC, first woman assigned to Atomic Research, prepares copper discs by applying a minute quantity of radio-active solution. (See story on page 12)

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By FRANK J. O'HARA, C.S.C., Ph.D., King's College, Wilkes Barre, Pa. 253 pages, illustrated. $2.75.

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By RUTH B. FREEMAN, R.N., B.S., M.A., Administrator, Nursing Service, American National Red Cross. 466 pages. $5.00.

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Trained Nurse
and Hospital Review

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JANUARY, 1950

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Managing Editor
VIRGINIA A. TURNER, R.N.

Circulation Manager
CAROLYN J. BINDERMAN

Production Manager
DOROTHY L. PREVI

Eleanor Overman, Assistant Advertising Manager; Mid-Western Manager, Eugene P. Voss, 55 East Washington Street, Chicago 2, Ill.

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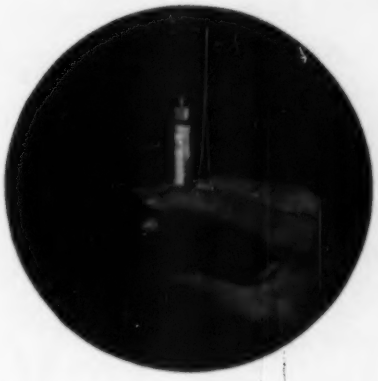

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News For Nurses

Largest Class of First-Year Students Were Admitted to Schools of Nursing in 1949

Schools of nursing throughout the United States admitted a total of 43,612 first-year students in 1949, the largest class in any peacetime year, it has been announced by Dr. Theresa I. Lynch, chairman of the national Committee on Careers in Nursing and director of the Department of Nursing and director of the Department of Nursing Education at the University of Pennsylvania.

This year's admissions to the approximately 1200 state-approved schools in the country represents an increase of about one per cent over 1948 which also set a record for a peacetime year when 43,373 students entered.

The survey also reveals that a greater number of students entered fall classes in 1949, approximately 1100 more than in 1948, although the first six months' admissions decreased by 850 compared with 1948, according to Dr. Lynch.

Increases in student admissions were reported in 26 states, ranging from one per cent to 52 per cent. All the Middle Atlantic and Pacific states and all but one of the New England states showed more students admitted. A total of 21 states revealed decreases, ranging from one to 22 per cent.

Dr. Lynch reported that the survey of admissions had been made by the National League of Nursing Education, one of the six national nursing organizations sponsoring the Committee on Careers in Nursing which is responsible for the national recruitment program of students into schools of nursing.

Also participating in the committee's work are representatives of the American Hospital Association, the American Medical Association, secondary school and vocational guidance fields.

Women of the Federal Services Participate in Annual Convention of U. S. Military Surgeons

Approximately 300 nurses, dietitians, occupational therapists, physical therapists of the various Federal Services attended sessions of the Association of Military Surgeons in Washington, D. C. recently.

The largest representation was from the Army and Navy with nurses of the two Military Medical Departments outnumbering the other fields of women's specialists. This is the first year that women officers of the medical services have been included as members of the Association.

A two-hour panel discussion of "Nursing Education Today—Civilian and Military" was held Thursday afternoon, November 10 in the Federal Room of the Hotel Statler with Lieutenant Mary C. Grimes (NCR) USNR presiding.

Participants in the panel were: Agnes Gelinas, Skidmore College, "The Educational Programs Available for Student Nurses in Schools of Nursing Today;" Marguerite C. Holmes, New York University, "The Educational Programs Available for Graduate Nurses in Colleges and Universities;" Elizabeth C. Phillips, "The Preparation of Practical Nurses;" Captain Dorothy Elliott, ANC, "The Army Nurse Corps Educational Program;" Lieutenant Leona Jackson, (NC) USN, "The Educational Programs Available for Nurses in the Navy Nurse Corps;" Captain Verena Zeller, (NC) USAF, "The Educational Program for the Flight Nurse;" Lucile Petry, USPHS, "Educational Programs Available for Nurses in the United States Public Health;" and Minnie E. Pohr,

Veterans Administration, "Education and Training Programs for Nursing Personnel in Veterans Administration Hospitals."

Pebble-Action Device Aids in Restoring Blood Circulation to Tired Feet

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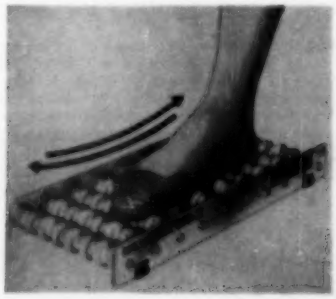

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Preparations for the International Congress Of Catholic Nurses are Now Being Made

Information has just come from headquarters of the International Committee of Catholic Associations of Nurses in Paris, of the definite program of the International Congress at Rome from Sept. 5th to Sept. 9th of this year, The Holy Year.

This is of great interest to the Sisters and Nurses who will follow this extraordinary event with the same attention which they gave to the proceedings of the great congress of Catholic Nurses in Rome in 1935.

The general subject of the discussions of the Congress will be, "The Catholic Nurse and Medico-Social Worker in Relation to the Progress of Medical and Nursing Technique, and of the Modern Work in General."

The Pilgrimage now being organized under the direction of Rev. Edward T. Garesche, S.J., who is one of the founders, and the General Spiritual Director of The International

(Continued on page 46)

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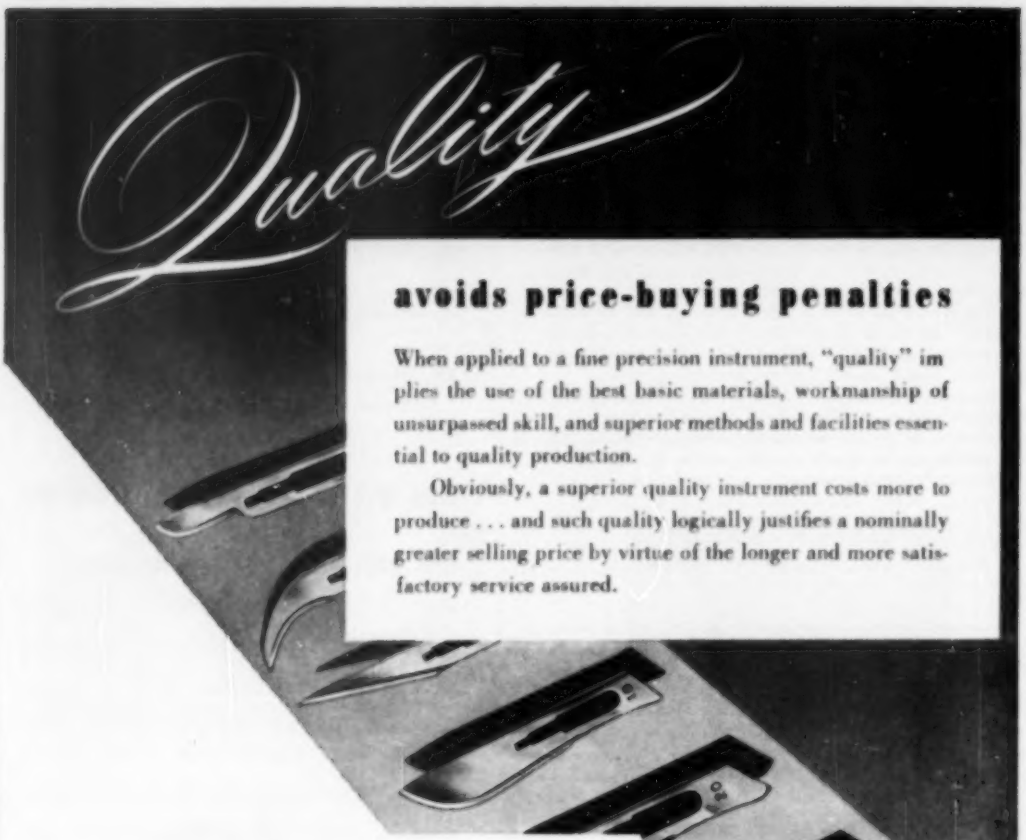

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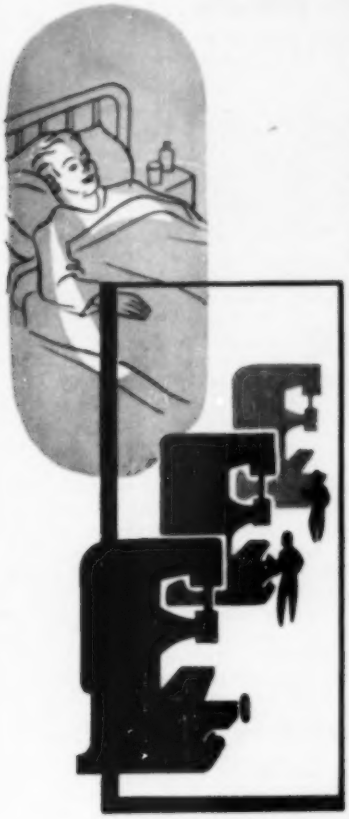

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1950. 330 pages, 6 × 9, illustrated $3.75

THE SOCIOLOGY OF THE PATIENT

By EARL LOMON KOOS, Professor of Sociology and Chairman of the Department of Sociology, The University of Rochester, and Lecturer in Sociology, School of Nursing, The Genesee Hospital, Rochester, N. Y.

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Psychiatric Nursing—A Twofold Satisfaction

by Dorothy C. Scott, R.N.

If anyone has ever told you that "just talking over a problem with you has been such a help," chances are that you derived great personal satisfaction from this remark. In truth what greater compliment can be given? What your friend really said, was: "Your point of view, your sense of justice and proportion, your emotional reactions, all that goes to make up your personality, are so well adjusted that they help to make me see things clearly in their true perspective." And if you are that type of person and have the necessary training and experience, how about psychiatric nursing?

The demand for psychiatric nurses is an ever increasing need. Whether you prefer institutional work or private duty, there is unlimited opportunity in this branch of nursing.

Statistics prove that mental illness far outranks all other fields of medicine in its requirement for trained personnel, yet only a very small percentage of nurses is available for this service.

There is immense satisfaction in being instrumental in restoring the troubled mind. Although identical personality forces and mental and emotional mechanisms govern all of us, the application of this simple fact is not always easily recognized.

Healthier Attitude

Fortunately the intelligent layman today looks upon mental illness with a much clearer and healthier eye than he did twenty or even ten years ago.

It was my good fortune to be able to serve as Medical Field Agent on our local Selective Service Board during the last war.

All Selectees were carefully screened before they went for their physical examination. A brief history of physical health was recorded where it seemed advisable, and any factors—past or present—that might point to future maladjustment if accepted by the Armed Forces, were carefully considered and "talked through" with the Selectee.

A report of the interview was sent to the Induction Center prior to physical examination. I was amazed to discover how many of these young men had remarkably good insight into their difficulties.

Once good rapport had been established, they talked quite freely and showed themselves eager to obtain help regardless of whether they were to be inducted or not.

Their attitude toward the mental and emotional problems or personality difficulties involved, was very similar to one they might have had toward a physical handicap, such as a weak heart or a punctured ear drum.

But, whereas they knew how to go about obtaining treatment for the latter, many were unaware of the existence of any facilities that would help them with their problems of maladjustment.

More Psychiatric Clinics Needed

It was at this time, in striving to obtain out-patient assistance for many of these young men, that I learned in what dire need we are of more psychiatric clinics.

In many instances, due to scarcity of facilities and long waiting lists, it was literally impossible to obtain the help so sincerely desired.

Individual capacity for coping with life's problems varies widely. Each one of us, at one time or another, goes through periods of doubt and strain and mental conflict. How great a burden can we bear and still keep our equilibrium? In fact how many of us maintain that hair-line of perfect balance day in and day out, year in and year out?

If unknowingly we are exposed to an infectious disease, it is quite possible and perhaps probable that we will have an attack of this illness. But we are constantly "exposed" to the vicissitudes of life.

Mental illness is not confined to a limited group of distant strangers. If the stress is too great, if it must be endured too long, or if it comes at a time when our resistance is too low—you or I—may succumb to a period of mental illness.

However, if our inner resources are such that we are able to weather the storm successfully, the harvest should be rich in personal growth of character development.

It should widen our horizon of experience and broaden our understanding. It should give us a measure of concrete realization of the suffering borne by the mentally distressed, and the insight thus gained should be of estimable value in our nurse-patient relationships.

Assuming the necessary training and experience, the most important requisite for psychiatric nursing is personal emotional security and adjustment. You must be at peace with the world in general and yourself in particular before you can begin to assist others in achieving peace of mind.

Nothing is more readily observed and absorbed by the mental patient than another's inner turmoil. Schizophrenic patients—apparently out of contact with their surroundings—often are vividly conscious of all that goes on about them, and upon recovery give a startlingly detailed and accurate account of events, conversations and impressions received during progressive stages of their illness.

Patients Versus Staff

Among psychiatric patients we encounter extraordinary forbearance and tolerance toward each other, because these men and women *realize* one another's difficulties. But these same patients have a very different attitude—and rightly so—toward the staff who serve them.

Since the psychiatric nurse to a large extent guides and regulates the life of her patient, the latter justly feels that the nurse should at all times be capable of so doing, but unless she herself is well adjusted, she cannot hope to do so.

(*Continued on page 40*)

Before administration, radioactive substances in solution are stored in a lead wall. Lt. Peters measures out radioactive iodine with a pipette. Lt. Col. Roy D. Maxwell, chief of the Radiobiology Department, supervises.

An Army Nurse Looks Into

SEVERAL months into her pioneer job as the first army nurse to be assigned to a radio-isotope laboratory, 1st Lt. Margaret E. Peters, ANC (Res.), is arriving at some conclusions of interest to nurses both within and outside the Services.

Since the first of September, Lt. Peters has been working as the nurse member of a team of four specialists at the Army Medical Center, Washington, D. C., who are exploring new possibilities in the use of radioactive substances in the diagnosis and treatment of disease.

The team is assigned to the Department of Radiobiology located in the Medical Department Research and Graduate School at the Army Medical Center. The other members are Capt. Robert J. Soberman and Capt. Richard P. Keating, both doctors, and Lt. Col. Roy E. Maxwell, chemist.

Preparation for the Future

The purpose of her assignment is to instruct her in the handling of radioactive substances with the expectation that she can then help to develop techniques and procedures which may be used by Army nurses in the future.

Already the job has become most exciting from a nursing point of view, Lt. Peters says, and she is a nurse whose professional career has never been dull.

A graduate of the Columbia University-Presbyterian Hospital School of Nursing, Lt. Peters served with the Army Nurse Corps during the war as head nurse with the 2nd General Hospital in England and with the 48th General Hospital in France.

Army Overseas Experience

She landed with the Normandy invasion forces on the Utah beachhead. With other members of a team sent out to assist the evacuation hospitals in the care of battle casualties, Lt. Peters was in Carentan three days before the battle of St. Lo and was assigned to the shock ward during the attack.

After cessation of hostilities, Lt. Peters remained in the European Theater and was appointed associate editor in charge of Nurse Corps information for The Overseas Woman, a service journal published in Paris.

During her five months with the magazine, she visited all Army hospitals which had been overseas two years or longer, interviewing Army Nurse Corps officers on their reaction to military service and obtaining data on their future plans.

She returned to the United States in December 1945, and was separated in the spring of 1946. She then worked as Assistant Director of Nurses in charge of Nursing Service and Acting Director of Nurses at the 550-bed New Rochelle Hospital in Westchester County, New York. She returned to the Army Nurse Corps last December and soon found herself in the isotope laboratory.

Every morning she puts on her named and numbered lapel film badge—part of dressing for work in the laboratory—and clips into her lab coat pocket a little dosimeter which looks like a fountain pen.

Precautionary Measures

At the end of each week the badge is sent to a laboratory for an analysis which shows whether any radioactive rays have come her way during the week.

The pocket dosimeter is an added safety measure. It could be read immediately if it was suspected that she had been subjected to an appreciable amount of radioactivity.

Lt. Peters has been taking part in

With another type Geiger Counter, Lt. Peters measures the effect of radioactive iodine administered in treatment of hypothyroidism.

Courtesy Army Medical Illustration Service

Atomic Nursing

by Margery Cunningham, Consultant to the Surgeon General, Department of the Army

most of the diagnostic and experimental procedures that go on in the laboratory, and has acquired the assurance that comes with knowing that radioactive materials are dangerous to the people who handle them only when they are mishandled. She works with patients who come in for diagnosis, carrying out such routines as taking readings on a Geiger counter and calculating results of thyroid uptake of tracer doses of iodine 131.

What It Means to Patients

Even on the basis of this limited experience, she has decided that all patients are apprehensive, and some of them are terrified, when they learn that a radioactive substance is to be used on them.

"A lot of patients think it must mean they have cancer," she says. "All of them shrink from having any contact with a substance which has been built up in the public mind as fearful in its destructiveness and, most of all, mysterious in its workings and its results.

"Any nurse who is going to work with such a patient will be called upon to reassure him. She must understand the clinical use of radioactive materials well enough to be able to explain it to the patient's satisfaction. She will have to tell him what the various pieces of equipment are and what they do, and what will and will not happen as he lies under a Geiger counter, and after he gets back to the ward."

Lt. Peters is sure that from now on many nurses will want to have some training in atomic medicine. "In the first place," she says, "the possibilities of having to handle radioactive materials in a hospital are greater than you might think, in view of the way isotope therapy has been expanding."

Some 300 hospitals, universities, and laboratories in the United States are now using isotopes for research and medical diagnosis and treatment.

In Case of an Emergency

"In the second place, the majority of doctors are now being trained in the medical aspects of atomic explosion, and it seems imperative, therefore, that nurses be adequately prepared to work with them should any emergency arise."

Under ordinary circumstances in hospitals, Lt. Peters points out, a nurse will not be handling radioactive materials between the laboratory and the patient, but she will be giving the patient his dosage and will be caring for him afterward.

The routines of patient care vary with the different isotopes that are being used, and a nurse in charge of patients who are receiving radioactive isotopes will need considerable background to evaluate each situation properly.

Isolation Advisable

To illustrate: a patient receiving one of the radioactive isotopes may not himself be radioactive to an appreciable degree; but under treatment with some isotopes he may be emitting a "long" type of ray with so much intensity that it would be well to isolate him.

To decide whether to isolate him in the first place, and when he could be brought back to a ward occupied by other patients, a nurse would have to know what dosage of which isotopes results in potentially dangerous radioactive emissions, and would have to understand the half-life of the isotopes in common use.

A need for specific knowledge arises in connection with the disposal of excreta, which presents special problems in certain types of treatment. Also,

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PRO

The ANA Economic

by H. Yvonne Ward, R.N.

EVERY one of us who was a member of the ANA House of Delegates in September 1946 can feel proud at having participated in the establishment of what is now called the ANA Economic Security Program.

The program started as a statement, that the units of the Association should act as the exclusive agents of their respective memberships in the important fields of economic security and collective bargaining.

Ever since the ANA was incorporated in 1896 there has been considerable activity in the area of working conditions for nurses, but not until the 1946 biennial convention had a specific program been authorized by vote of the delegate body.

Inasmuch as there was practically no opposition to the program when it was adopted in Atlantic City, most of us went home thinking that here was a program we needed in each of our states.

Now we had not only the green light but the blessing of our national organization as well.

Probably some of us in New York State even dreamed ourselves very quickly into a position of being one of the first state nurses' associations to assume leadership in making possible employment conditions for nurses a reality. How wonderful were our dreams!

39 States Have Adopted Program

Today, we in New York State, sit by and watch developments in the 39 states that have adopted the ANA Economic Security Program. We are not one of them. Unfortunately, we also watch nurses leave our state, the exodus tending to states where more satisfactory working conditions are found.

Another factor we must mention, with embarrassment, is the fact that membership in the New York State Nurses Association approximates 13,500 although more than 50,000 additional nurses are eligible for such membership.

Frequently non-members claim that the reason they do not support the association is because of the lack of a dynamic economic security program.

This is ironical, for if enough nurses really wanted to see the ANA Economic Security Program a going program in our state we could make it fact instead of fantasy.

This is the nurses own program. It has been developed by nurses, with the necessary legal counsel, and it has been implemented successfully in many states.

Nurses in those states which have an active collective bargaining program have gained professional stature, and the public is receiving more satisfactory nursing service.

If the professional association is not prepared or willing to safeguard the economic welfare of its members, it is failing in its responsibilitiy to nurses.

One of the principles on which the program was developed is that the state nurses association assumes the responsibility for the program.

Success Up to Now

A long time ago the only opportunity open to nurses for improving conditions affecting their employment was for the individual nurse to go to the employer. History reveals little success.

The next step was for all the nurses in any agency or institution to stick together and try to reason with the employer. Apparently little was accomplished by this method.

Then the district nurses associations inaugurated programs designed to aid the members.

In some districts many so-called gains were made, but even in those districts many nurses requested assistance that did not materialize.

Smaller districts, especially, were able to make little progress toward remedying the unfavorable conditions under which many nurses worked.

Today the officers of the smaller district nurses associations are often so closely associated with the interests of management, or the employer, that they are unable to represent impartially the interests of the employee, regardless of what their personal convictions are in the matter.

Assuming that it is necessary for nurses to have someone help solve their employment problems, the question becomes—not is it necessary, but who is going to do the job?

The answer to that question lay in the hearts of the ANA House of Delegates when it voted that the state nurses associations should act exclusively in this capacity.

The state nurses association is able to obtain the necessary legal and public relations counsel for such a program. Also, personnel from the state headquarters office can serve much more successfully as an impartial representative than can someone who is emotionally entangled in a local situation.

We have seen the value of a statewide program in our legislative activities. Nursing service would suffer if requirements for licensure varied from district to district.

The problem of maintaining quality and quantity nursing service in our state will not be solved until nursing service can be stabilized sufficiently through the establishment of satisfactory salaries and working conditions on a statewide basis.

Other Factors Need Correcting

May it be mentioned here that salaries are seldom the main cause of dissatisfaction. It is an inaccurate statement to claim that the economic security program is aimed at high salaries. In most instances salaries for nurses are way below those of other professional people in the community, and there is much room for improvement.

However, items such as the 40-hour week, elimination of split shift, establishment of cash salaries, vacations, sick leave, maternity leave and especiailly, a sound procedure to care for grievances,

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CON

Security Program

by Anne M. Goodrich, R.N.

BEFORE we can discuss cooperative planning, as a means of achieving economic security for nurses, we should be quite clear in our minds as to what we mean by economic security.

A great deal has been written and said about the economic security program in relation to the American Nurses Association and the various state associations. So much has been written in fact that many people do not have a clear idea of what is meant by the terms "collective bargaining," "economic security" or "cooperative planning."

The terms are not synonymous nor do they necessarily conflict with each other. Economic security is a program which may be achieved either through cooperative planning or collective bargaining.

The proponents of both methods believe in an economic security program. They differ only in how this program should be carried out. Economic security itself is a high sounding term which may be reduced to its simplest form by saying that it means adequate remuneration for a job of work with an opportunity to plan for a reasonably secure future.

It does not mean, as some people erroneously suppose, guaranteed minimum wages, pensions or other set benefits. Everybody believes in economic security in theory. Not to do so would be like denying that sunshine helps grass to grow.

Method Discussed

The *method* of getting for the nurse an adequate salary so that she herself may put aside something for her future needs, as well as giving her a reasonable standard of living, is the subject of controversy among individual nurses and different state organizations.

Those who believe in collective bargaining feel that we should emulate the tactics of labor organizations and have trained labor relations experts who will represent nurses in discussing with management (in this case the hospital administration) hours, wages, and working conditions and negotiate a contract to be signed by the hospital as the employer and the labor relations representative of the state association for the employees (nurses).

The proponents of this method feel that a signed contract will assure the nurse of getting the best possible working and salary conditions. The weak points in this method, however, would seem to outweigh its possible benefits. To begin with no contract is worth the paper it's written on unless it can be enforced. Labor unions do enforce their contracts because they have a powerful weapon namely the strike.

Wishful Thinking

The proponents of collective bargaining insist that the strike will not be used by nurses. Therefore, the only method of enforcing a contract, from the nurses' point of view, is the wishful thinking that public opinion will be on their side.

If a state association has declared itself the bargaining agent for nurses on the basis of a vote of the membership, any nurse in any institution may request the state association to come in and bargain for her.

However, the state association must then ask for a referendum vote among all the nurses employed in that institution and 51 per cent of the nurses must signify their desire to have the state act as their bargaining agent before the State association may so act.

The other 49 per cent of nurses working in that institution must of necessity go along with the majority. Should the vote fail to show a 51 per cent majority in favor of the State association representing them, the association may not come in and negotiate a contract for any nurses in that institution.

Aside from the difficulty of enforcing a contract and the laws governing when and under what conditions the contract may be negotiated there is the added difficulty that in some states, such as New York, the state labor laws would probably be interpreted to automatically classify the State Nurses Association which was doing collective bargaining for its membership, as a labor union.

Many nurses who are willing to borrow labor's method on contract negotiation shrink away from the thought of being classified as a labor union rather than a professional organization.

In other words, they would like to accept a union method of improving their working conditions, namely collective bargaining, but they shrink away from the name "labor union" and from the only effective method labor has found to enforce its contracts, namely the strike. Weighing all these things together you can see that the only tangible asset in this method is the written contract. Let us examine it together with its implications and see whether or not it reallly is an asset.

A contract is the tangible evidence that representatives of the employer and the employee have sat down together and bargained. The very term "bargaining" presupposes give and take. Naturally, the representatives on both sides give as little as they can and ask or demand as much as they can. To get certain points conceded you have to, in turn, concede others.

Contracts Work Two Ways

A contract works both ways. It pledges the employee to do certain things just as it pledges the employer to grant certain conditions. In the end you have the situation where each side will feel bound to live up to the MINIMUM conditions imposed by the contract. You have two opposing forces who have met and signed a truce.

Another and very important point is the cost of the collective bargaining program. If you are going to set out to battle for your rights, you must have good generals to lead you. You must also be good soldiers and fall into line

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PRO

The ANA Economic

by H. Yvonne Ward, R.N.

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are as important as the actual salary.

Another principle on which the program is based is that minimum standards of employment shall be recommended by the nurses who are to be affected by them.

Each category of nurses which wishes to establish its standards should do so through their particular section.

While section activitiy is interesting and varied, this discussion need only consider their function in regard to economic security.

Standards should be recommended on a statewide minimum basis. If nurse employees in any particular situation believe they are justified in asking for more than the minimum established by the state section and approved by the board of directors of the state nurses association, they can request the state nurses association to help them in obtaining what they believe to be fair.

Can Help in Any Situation

That brings up another reason why I believe so firmly in the ANA Economic Security Program. The nurses involved in any situation where they need help can ask for it from the state nurses association.

Of course the representative from the state nurses association keeps the district nurses association informed so that the district can fulfill its interpretive functions. The nurses have foregone the traditional weapon of the strike.

Because of this in many instances there is no way of compelling the employer of nurses to recognize the state nurses association as the collective bargaining representative of its members except through the force of public opinion. It is in the formation of public opinion that the district nurses association wields potentially great power.

The success of the ANA Economic Security Program in any state is an indication that a well planned and well executed public relations program is underway.

Here again sections are vital to the program because most nurses who have most of the contact with individual members of the public are members of either the general duty, private duty, public health, or industrial nurses sections.

District sections, especially, serve to keep their members informed to the end that they can and may interpret to others.

Occasionally some nurses have expressed interest in the general principles of the economic security program but have felt they did not need such a program at this time. That might be compared to the subject of hospital care plans.

Many of us are in the best of health, but we carry some sort of a hospitalization plan in case we need it.

Perhaps many nurses are justifiably satisfied with their working conditions now, but why not have an active and aggressive economic security program to provide for future contingencies? After all, nothing will be done unless you request it.

Of course, another advantage to hospital care plans is that the cost is spread over a period of time and among many people.

The same principle is true in an economic security program. A sudden unplanned hospitalization can be expensive. A sudden economic crisis involving many nurses can be very costly, too.

In reference to expense, it is my firm belief that we can start the ANA Economic Security Program from where we are, and with what we have in our state association.

Matter of Dues Important

Speaking as one of the more than seventeen thousand employed as general duty nurses in the hospitals of our state, the matter of dues is very important to me.

I resent as much as anyone expenditure of funds without apparent return but I am willing to contribute my share toward the adoption and construction of a program that will serve my needs and those of my sister and brother nurses. Working conditions are too closely associated with nursing care to be separated.

If patients are going to receive necessary nursing care the conditions of employment must be such that not only will nurses be able to give the expert nursing care they are capable of giving, but the profession itself will be attractive enough to bring into it the fine type of young men and women being sought by every other profession.

We must be realistic and recognize that nursing is actually in competition with other fields of endeavor and often unfavorably so.

In summarizing, the following statements support my belief in the program being discussed!

1) We can attain our objectives only through the strength of our numbers moving together in one direction and toward one goal—quality and quantity nursing care for the people in our state. A program based on group effort and strength is essential.

2) Nurses do need a strong impartial representative: one who is familiar with the total nursing picture. It seems logical that the nursing profession should be its own spokesman.

All Round Representation Needed

It seems equally logical that we need a spokesman who will be able to represent nurses in small hospitals as well as in the big ones; in rural communities as well as in urban areas; in every situation where assistance is requested.

The state nurses association seems the best equipped body to assume the responsibility for the program.

3) There is nothing new about the technique of collective bargaining. Other professions have used this method to implement standards with no loss of professional prestige.

Inasmuch as a written contract is

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CON

Security Program

by Anne M. Goodrich, R.N.

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with whatever this leadership wins for you in the way of commitments on the part of your employer and yourself.

Trained labor representatives, who can win more battles than they lose, cost money. Their services must be bought and paid for with individual nurse's dues to her state association. No one seems prepared to say what this cost would be but California's dues were increased 571% to finance their collective bargaining program.

There is one outstanding difference between the nurse as an employee in relation to her employer, the hospital, and the average employee in industry. In the latter case, the employer wishes to make and market a product. To do so, he must employ people to work for him and produce the product.

The industrial employee has an interest in the salary he receives from his job, he may even like his job, he may be interested in the product he helps to produce but his stake in the commodity he is producing is at best an impersonal one.

Common Interests

The nurse, on the other hand, definitely has a personal and professional interest in common with her employer. Both the nurse and the hospital for which she works are vitally interested in the welfare of the patient whom they both serve. With this common interest as a basis for cooperation it seems reasonable to suppose that the nurse and her employer can meet on common ground and work out their problems together.

Cooperative planning does not mean in any sense that the nurse individually, or through her personnel policies committee, will not ask for a reasonable salary and desirable working conditions. It does not mean that she will accept without question whatever the hospital administration decrees.

Today the nurse is selling her services in a buyer's market. She is in a position to ask for and get a better deal from the hospital administration than ever before.

Hospitals are short of staff. They wish to attract good nurses. They can be made to realize, through personnel policies committees and cooperative planning, that certain standards must be maintained if they are to compete with other institutions in attracting the best nurses to their staff.

"Cooperative Planning"

The term "cooperative planning" means a getting together of hospital management with the representatives of nursing, usually the local personnel policies committee, to discuss mutual problems in supplying services to the patient and in improving standards of working conditions and salaries for the nurse.

True these standards cannot be enforced for the nurse under mutual agreement any more than they can be enforced under collective bargaining with a written contract without teeth in it.

However, the nurse is in even a stronger position as far as public opinion goes under "cooperative planning" as she and her representatives are working *with* and not *against* institutional management.

Erroneous Beliefs

We have heard it said that nursing is a charitable profession and that nurses should expect to get their satisfaction out of their work and not expect as good working conditions as their sisters in other professions or in business. We have heard it said that those who go into nursing do so with the idea of helping others and therefore they should not expect to earn a decent living wage. We have all heard that old chestnut "nursing is a dedicated profession."

In varying degrees it makes us all feel quite ill because we know it's not true. Surely we like our work or we wouldn't be in nursing but we can do it better and longer under good working conditions.

Most of us came into nursing because we were interested in people and wanted to help them; therefore, we chose this profession in preference to other means of earning a living but we still expect and need to be paid an honest wage for an honest day's work.

We are proud to be members of a profession dedicated to alleviate human suffering but it is our training and work experience and the application of scientific knowledge that makes us useful to mankind, not any label put upon us.

Working Together Is Answer

We should not be expected to sell ourselves short in the industrial market place. Our training, our experience and our abilities have a definite value to mankind and we should be expected to ask a fair price for them.

We cannot allow ourselves to be considered a down-trodden group willing to give service unstintingly and receive little or nothing in return. Because we work *for* our fellow man we can learn to work *with* him, too.

Qualifications Versus Justice

We should not have to *fight* the world, in the person of hospital management, to get the benefits to which we are entitled by training and education. We can and should strive continuously to better our conditions of employment and achieve a rate of pay commensurate with the work we do and our contribution toward human welfare.

But we should never forget that we are professional women and members of a profession which has a long and proud record of service. We can add glory to that record if we continue to work and plan together with the medical profession, hospital administration, and our public, the ultimate consumers of our services, for a brighter and more equitable future for us all.

Front view of the Gerald Champion Memorial Hospital, Alamogordo, New Mexico.

Photo, James Gulovich

THE WEST - -
A Travelogue of Nursing Opportunities

by James H. Rice

HERE is the first of a series of articles offering you samplings of employment opportunities throughout the country. Some of the information came from the Health Departments of various States, or from nurses who have traveled recently, and from other sources.

This first article is about the West, where the hills along the Rio Grande are gold and purple in the morning sun, or where palm trees bend before a warm Pacific breeze . . . . where cowboys roughouse in rodeos . . . . where your ears may "pop" in rare mountain air as you throw snowballs in July.

Never before have there been so many opportunities for nurses to choose the positions they want in the locales that interest them. One survey of hundreds of hospitals last spring indicated that they wished to hire 20 per cent more graduate nurses.

That was before the amendment to the National Hospital Program was signed by the President in October, doubling the annual federal grant of funds for the next six years to permit the building of hospitals to an estimated total cost of two and one-quarter *billion* dollars!

> ***Please Note***
>
> *The story of the WEST is the first in a series of four describing nursing employment opportunities in the four sections of the country.*
>
> *Next month, in our February issue, we will feature an article on the South.*

Thousands of nurses in training and those with experience in the profession will find a wide range of opportunities presented to them, some of these are opportunities for real pioneering where new frontiers for health service are being established in remote communities.

The small rural hospitals, particularly, need competent nursing personnel, and these articles will in some measure neglect the larger hospitals in metropolitan communities, although some mention will be given to them.

The entire field of employment will be open in new hospitals and old, in rural or urban environment—North, South, East or West! The classified section of TRAINED NURSE each month more and more will be a key to opportunities everywhere in the metropolitan as well as the rural communities. Hospitals and private nursing agencies who list addresses in this section are anxious to give information to sincere correspondents.

So here is the West. You may decide to read this as you would a travelogue, just to dream a little. Perhaps you are the loyal member of a hospital staff and your concept of service will not allow you to leave. You may be a student nurse, on the other hand, or a retired nurse contemplating a return to duty, or a nurse unassigned. . . .

California

The climate, beaches, mountains and romantic traditions of California have long been an attraction. Nurses in search of employment, however, are likely to be analytical and interested in more than sunshine. That's all to the good.

There are many reasons for wishing to serve in a certain locality, however—a family nearby; a genuine love of the "wide open spaces" or outdoor life, the fulfillment of which will make you a better nurse during duty hours; a desire for small town life with more personal contacts; a wish for broader experience possible in the small hospital, or for the increased responsibility probable in the small facility; or you may seek the satisfaction that comes from "Pioneering."

Up in the Sierra Mountains in California is the new Northern Inyo Co. District Hospital, a 30 bed general in Bishop. Bishop is located just south of San Joaquin pass, about 50 miles from Death Valley National Monument. The population is about 2000.

There's no Broadway up there, but if you like "high Sierra" living, that may be for you.

Metropolitan cities in California, particularly Los Angeles, are still crowded with people who stayed after War II. A trained nurse with good recommendations, however — and particularly one who is a specialist, is in demand almost everywhere.

Among other new hospitals in California are facilities under construction or planned in San Rafael on the coast near San Francisco, in the Tahoe National Forest, and at Eureka in the "Redwood Empire."

Oregon

Up the Pacific Coast in Oregon new hospitals are under construction at Tillamook, Burns, Heppner, Enterprise, Prineville, Hermiston, Vale, Nyssa and Roseburg.

Additions to existing hospitals are under way in Bend, Oregon, and are being proposed in numerous other communities.

In the rural areas there will be a keen appreciation of nursing service, stimulated particularly because of the absence of good hospital facilities over a number of years.

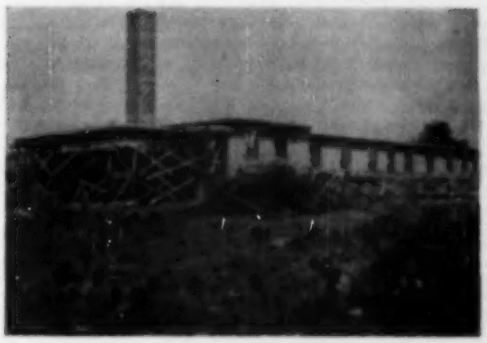
The Oregon coast country offers a mild climate with fishing and lumber industries and opportunities for travel and recreation. New hospitals in Oregon are located in the large-scale ranching and wheat areas of the central and eastern sections of the State.

The Oregon hospitals are on good highways accessible to winter sports and summer playgrounds. The State abounds in natural green forests and the scenic beauty of Mt. Hood, Crater Lake, and Hell's Canyon—the deepest gorge in the United States.

But nursing is a serious profession related to serious matters of sickness or

Paris-Lamar County Health Center, Texas

Tillamook County Hospital, Oregon, third floor roof looking East



Goliad County Hospital, Goliad County, Texas

health, death or life. The "travelogue" details here presented are only the background for your work.

In this respect, G. D. Carlyle Thompson, M.D., Acting State Health Officer in Oregon, says: "Oregon is one of the leading States in developing an all around plan to meet its nursing needs.

Last year a comprehensive survey was made to study the present and future nursing needs for Oregon. At present, committees of the Oregon State Nurses' Association are actively engaged in the study and planning for adequate nursing service. Nurses will find Oregon progressive and professionally alive. They will also find communities vibrant with interest and cooperation."

Idaho

Next to Oregon in Idaho several new hospitals are nearing completion or are recently completed. They are all in small towns ranging from a few hundred to about twelve or thirteen thousand, and there is no question that all of these projects will be in need of nurses, according to the State Department of Health.

Ashton, Idaho is the location of a small fifteen bed hospital. Ashton is a farming and resort town on the fringe of the Island Park recreation area, about sixty miles from West Yellowstone Park. For adventuresome, outdoor girls, this might be the place.

In a few months a new 44 bed hospital will open in Blackfoot, a farming town of about 5000. This town is located midway between Pocatello and Idaho Falls. One of the Idaho state mental hospitals is also there.

Blackfoot is well located from the standpoint of outdoor recreational opportunities, but, like most Idaho towns, is somewhat short on other entertainment.

Another hospital of about 35 beds will open in Montpelier, a town of about 3500, located in the extreme southeastern corner of Idaho. This town is quite strongly dependent upon Utah communities. It is a strong L.D.S. (Mormon) community.

Major part of the social life in this farming town centers around church activities, and outdoor sports are also dominant. The Mormons have a good reputation for hospitality to strangers.

A 75 bed facility in Caldwell, with a city population of about 12,000, and a drawing area of around 25,000 has been publicized as one of the outstanding projects in the country. Entertainment possibilities are much better in this general area.

Near the Seven Devils primitive area and Hells Canyon of the Snake River is Weiser, a town of about 5000. The hospital here will have 30 beds.

Caldwell, Weiser, Salmon and Montpelier were scheduled to be opened within a few weeks. Ashton may take a little longer. In Gooding, Idaho, population 3500, an addition has been made to an existing hospital. Gooding is about two hours drive from Sun Valley and the Sawtooth Mountain resort area.

Many of these hospitals, says the State Health Department, will probably be in need of supervisory personnel, and there will be the usual need for trained laboratory technicians and x ray technicians.

A person who can serve in several capacities, especially including surgical supervision and anesthesia, is invaluable in these small hospitals and can probably demand a much better than standard wage if willing to work.

Wyoming

Just east of Idaho is Wyoming on a plateau averaging 5,000 feet to 7,000 feet above sea level, traversed by high mountain ranges. Nearly all of Yellowstone Park lies in the northwest corner. Franklin D. Yoder, M.D., Director of Public Health in Wyoming, says:

"We have four new institutions which will be needing nurses to operate their hospitals constructed under the provisions of Public Law 725.

These hospitals are in progressive and beautifully located towns. We feel it would be worth the efforts of interested nurses to investigate employment possibilities. A hospital in Newcastle is now operating, and three others are under construction in Torrington, Riverton and Evanston."

North Dakota

North of Wyoming and bordering Canada lies North Dakota. The Greater North Dakota Association mentions that "There are numbers of eligible bachelors in the State."

That will be an item of interest to some in the nursing profession, but to complete the picture, there will be fine opportunities for service in the hospitals of North Dakota.

At present, eight facilities are in some stage of planning or construction under the National Hospital Program. Many other hospitals are planned or under construction in addition to those under the Program.

Fargo, located in the Red River Valley, is one of the fastest growing cities in the State. Here are found two hospitals, each with a school of nursing, and one building a 40 bed addition which will include a psychiatric wing.

Another hospital which is building an addition is located close to Lake Metigoshe (good swimming) near the Canadian border. Some of the outstanding doctors of the State are located here.

Two others are located in the southwestern section of North Dakota, an area known for the beautiful ring necked pheasants, the colorful, indescribable Bad Lands, and prosperous farms. From either of these it is less than a day's drive to the Black Hills of South Dakota.

In Grand Forks, the University City, an addition is planned to the health facilities. Grand Forks also has the University School of Nursing. The city is in the Red River Valley, and from this area comes a great share of the potato crop, sugar beets and livestock.

New Mexico

From the Canadian border to the Mexican border is quite a cross-country trip, but even additional opportunities are offered to nurses in this southwestern State.

The modern and elaborate 78 bed hospital in Hobbs, New Mexico was described in the September, 1949 issue of TRAINED NURSE in an article "Our Forts Against Disease." The community is made up of oil fields and ranches. The population of Hobbs is increasing very rapidly.

Dona Ana County and the City of Las Cruces are building a 75 bed hospital which will be modern in every respect. In Ruidoso a very small county hospital is being constructed which will probably be staffed with four or five nurses. The town of Carrizozo is building another small hospital with 20 beds.

A 26 bed county hospital has been completed in Alamogordo and is now in operation. The White Sands National Park is also located there, as well as the Hollaman Air Base.

Portales is an agricultural community which is constructing a 50 to 60 bed hospital. At the present time Bernalillo county and the city of Albuquerque are contemplating building a 200 bed county and Indian hospital combined.

Texas

You know how those Texans are. The State Department of Health is not an exception as it notes: "The opportunities in Texas for graceful living and profitable work are well known through

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Where and How to Obtain Educational Motion Pictures

by Loretta Heidgerken, R.N.

THE past few years have witnessed an ever-increasing growth and interest in audio-visual aids in the health fields, particularly in motion picture films. Evidences of this growth and interest can be easily found in a survey of the vast amount of materials produced in recent years.

A few illustrations follow: The American Medical Association has established a motion picture department which includes a film library and a service division through which films are serviced and distributed; pharmaceutical houses are spending thousands of dollars on the production of films for free distribution, based on research in their particular fields; professional organizations such as the National Tuberculosis Association, the American Cancer Association, and others are sponsoring and producing films for the education of professional workers, as well as for education of the public.

However, of this wealth of films produced for health and medical education very few films have been produced specifically for the education of nurses. Many of the films are too elementary, since they are designed for public education, while many are too difficult, since they are designed for medical education. Therefore careful preview and selection of films must be made before they can be used effectively in nursing education.

Other Films Can Be Used

There are, however, many films produced for other areas of learning which can be used in nursing education. Therefore teachers of nursing must select from the vast sources of audio-visual materials some of the films which are suitable for application in nursing education.

Nurses will have to depend on many sources for films they wish to use until such time that films can be produced more economically for markets as limited as nursing schools.

From this it can be seen that sources of films are very widely scattered, making it difficult for Instructors of Nursing to locate suitable films. Consequently instructors are asking the questions, Where can I get suitable films? Of those which are available, what films should I use? Should we purchase films or rent them? How can I get them when I need them?

The purpose of this article is to try to answer some of these questions for instructors.

Miss Loretta E. Heidgerken, a graduate of St. Margaret Hospital School of Nursing, Hammond, Indiana, is an Associate Professor of Nursing Education at the Catholic University, Washington, D.C.

Professor Heidgerken has held numerous positions in the field of nursing, varying from private duty to supervisor, nursing arts and science instructor, Assistant Director of Nurses, Instructor and Assistant Professor at the Catholic University from 1943-1949 when she assumed her present post.

She is an active member of local and national nursing organizations. At the present time, she is a member of the Board of Directors of the National League of Nursing Education and is also a member of the Committee on Audio-visual Aids.

Professor Heidgerken has conducted a number of Institutes on Audio-visual Aids, Curriculum and Teaching in a large number of states in the past few years. She also cooperated with the Office of Education, Division of War Training Aids in a consultant capacity in the production of the motion pictures for nursing education.

Curriculum needs must be the first consideration in selecting motion picture films. That is, films should implement the curriculum, never dictate it. Since the implementation of the curriculum is accomplished through the teacher, use of films necessitates that the teacher understand the curriculum aims and objectives, learning processes, and film utilization techniques.

Contrary to popular belief, the use of films does not make teaching easier, but it does make it more interesting and effective. Neither are films the universal answer to every teaching problem. They are neither time-savers nor time-wasters.

If better student understanding is the end result desired, the use of a film will sometimes take more time and sometimes less time than teaching without a film.

Requires Careful Evaluation

The educational motion picture film is primarily an educational medium. Therefore its value depends upon the teacher's wise and proper use of the film. For instance, the teacher must evaluate each film, determine its teaching objectives and its learning values to her students, and fit it into a course of study in the most effective manner. To do this, the teacher must preview the film and thoroughly know its contents before presenting it to the class.

Films should be chosen by the teacher who uses them. Wise selection cannot be made unless she knows what films are available for her field. One way to have this information at the finger tips is to study every available source, taking from each one the titles and other pertinent information that might be used.

This information might then be recorded in a card index, or in any other suitable form. Since sources of audio-visual materials and equipment are as changeable as they are numerous, the card index must be constantly revised and kept up-to-date.

Old listings are seldom reliable; current ones are generally incomplete,

since new companies are constantly being formed to meet the production and distribution needs of this rapidly expanding field.

Because of this, the teacher should be familiar both with sources of information about producers and manufacturers of materials and equipment, and with the names of well-established films. Such sources can be found in the audio-visual aids books listed at the end of this paper.

Selection of Films

As previously stated, all films should be previewed by the teacher who is to use them. The following standards are suggested as a basis for formulating a check list to evaluate educational films—a check list which should be decided upon through the cooperation of the instructional staff.

1. The film plays only a particular role in the various methods in which materials for a given unit are presented. It is always used best when it is correlated and integrated right into the unit of study together with all other visual aids. Therefore, in selecting a film the teacher should consider how it is going to fit in with other aids used.

2. The film should be related to the particular unit in a subject that is being studied and at a time that it is being studied.

3. The film should be suited to the particular student educational level for which it is being used. It should not be too simple for the group, or it will not hold their interest and attention; nor should it be too difficult for them to understand.

4. The film should be purposeful and selected in reference to specific objectives which can be attained only through the use of motion pictures, or better attained through the use of motion pictures. They are the most expensive of visual aids and sometimes the objectives desired can be attained through use of less expensive means.

5. The films should be accurate, since impressions produced through use of motion pictures are more vivid and lasting, and, consequently, more difficult to correct.

6. The pictures of the films should be of good quality. The more important scenes should be brought out clearly, distinctly, and sharply.

7. The pictures should be attractive so as to stimulate learning. They should should be as true to life as possible.

8. The pictures should not be too detailed but limited to pertinent facts which are important in attaining the specific objectives.

9. The mechanical make-up of the film should meet certain requirements. The content of the film should be properly organized and in proper sequence so that the scenes and the characters in the scenes point to something definite.

10. The film should be of a suitable length so that it will not be too drawn out, yet long enough to bring in important principles and generalizations which will serve as guides in the thought processes of the students.

11. The film should possess motivating qualities which will arouse the students' interest so that they will want to learn more about the subject.

12. The film should be complete in bringing out all of the important aspects which will lead to the attaining of certain objectives. It also should be up-to-date.

Sources of Films

The major means of obtaining educational films are by purchase, by rental, by obtaining films at cost of transportation and/or free of charge, and by means of home production. Each of these means will be considered individually.

Purchase of films. The purchase of films for the individual school of nursing should be carefully considered in terms of cost, usability, availability at the time needed, balance of program, and storage and housing.

Rental may be more practical than purchase. Thus, most schools of nursing have only one class a year, or at the most, two classes.

In contrast, outright purchase of films means a large investment in material which may be used just a few times a year. If the films should become obsolete within a short period of time, as they oftentimes do, the school will not have received full return for the money spent.

In addition, films require special care and servicing, which the average school of nursing cannot maintain. Lastly, permanent housing and storage is often difficult for a school to provide.

Loan of films. Films may be obtained from commercial film libraries and from professional film libraries. Those obtained from commercial film libraries are available at varying rental charges. There are many commercial film libraries; names and addresses can be obtained from such books on audio-visual aids as Chandler and Cypher, *Audio-Visual Techniques*, and Dent, *The Audio-Visual Handbook*. Current sources can be found in periodicals in the field of audio-visual education, such as *Educational Screen*, *Film News*, *See and Hear*, and *Coronet*. Film catalogs should be obtained directly from the companies.

Professional film libraries loan films at a minimum cost, or free of charge. They may be found in:

1. Universities. Generally in State Universities, although a few private Universities and Colleges operate film libraries.

2. Professional Organizations. The American Medical Association, the YMCA, and the Joint Orthopedic Advisory Service are examples of professional organizations that have film libraries. There are many other professional organizations, such as the National Tuberculosis Association, American Heart Association, Infantile Paralysis Association, which loan a few films on special subjects upon request.

3. State and local departments of health frequently have many fine films and slides available for the asking.

4. Public Libraries. In many cities public libraries are acquiring informational films which can be loaned to organizations for educational purposes.

5. Government. A number of federal agencies have films and other audio-visual materials available for loan, if cost of transportation is paid. To obtain the names of the agencies and the titles of films available write to, The Library of Congress, Washington, D.C. for Guide to U. S. Government Motion Pictures.

6. Industry. Many fine films are available from pharmaceutical and surgical supply houses, as well as other types of industrial companies. Current lists of such films can be obtained from the educational divisions of the companies.

Other sources of information relative to film selection. Whenever possible, films should be previewed by the teacher before use. This is especially necessary when films are obtained from film listings.

First Hand Experience

Even films selected from special film bibliographies should be previewed because, at best, appraisals and evaluations made by others can be only guides to selection.

Evaluation of materials for selection and acquisition must be based on first-hand experience. It is not always possible, however, to preview films. Therefore the teacher may have to depend on other sources of information. These are listed below in the order of their importance in giving information to the teacher.

1. *Selected Bibliographies* which include critical evaluation of films, as well

as indications for their use. Some of the better known selected bibliographies of this kind are:

a. Heigerken, L., *Selected Films for the Teaching of the Biological and Physical Sciences*, 1945, New York: Educational Film Library Association, 1600 Broadway, New York 19, New York. Price, 50c

b. American Council on Education, *Educational Motion Pictures: A Descriptive Encyclopedia*, 1942

c. *Motion Picture Reviews*, American Medical Association, 1948

d. *Educational Screen* carries professional evaluations of films in each issue.

2. *Selected Lists of Motion Pictures with Descriptions of films.* These lists usually have been evaluated, but do not publish critical evaluations of films. An example of this type of list is *Selected Motion Pictures and Slidefilms for Nursing Education*, by Loretta Heidgerken. Published by Audio-Visual Center, Indiana University, 1948, price $1.00.

Over 200 films selected from many areas of knowledge are included. All were previewed in terms of making a contribution to nursing education.

Classification of Films

The films are classified under the following subject-matter areas: Education and Supervision, Social Sciences, Biological and Physical Sciences, General Nursing Care, and Nursing Care of Children.

3. *Teachers Manuals* are available for some educational films. They are very useful to the teacher because they give summary of content of films and suggestions for the use of the particular films.

4. *General lists of films.* Some of the better known general lists of films are:

a. *Educational Film Catalog* published by H. W. Wilson Co., 950 University Avenue, New York. This is an excellent source for locating films. It lists practically all films of potential usefulness in education.

b. *1000 and One. The Blue Book of Non-Theatrical Films.* This list of films is published by the *Educational Screen*, 64 E. Lake Street, Chicago, Illinois, and describes over 5000 films.

c. *Educators Guide to Free Films.* Published by the Educators Progress League, Randolph, Wisconsin. It contains an alphabetical title index and source index to 2056 free films which are classified under subject-matter headings.

How to order films. Whether films are purchased, obtained on a loan-free basis, or rented, it is necessary to know precisely what type of film is needed. The following information is essential and should be included when ordering films:

a. Size of film—8 mm, 16 mm, 35 mm.
b. Type of film—black and white, or color.
c. Sound or silent.
d. Title of film.
e. Name of producer of film, and date of production.

Film libraries have special order blanks which should be obtained. In that way, a uniform procedure is followed, insuring better service. Orders for films for specific dates should be placed well in advance of the date the films are wanted. Whenever possible, it is advisable to place orders early in the Fall for the entire year, or at least for the semester.

Conference following the showing of a motion picture, in which the film is related to clinical experiences of the student.

Return Promptly After Using

It is absolutely essential that the teacher return films on stated dates because films are scheduled as closely as possible so that maximum use can be obtained from them.

When one teacher delays returning a film, it means that the next one will receive the films late. Instructions as to how films should be returned—via mail or express—should be obtained from the Film Library from which the film is received.

Production of films. The production of films has not been very widely undertaken by schools of nursing since it is an expensive project requiring very highly specialized skill.

However, it is another source of films. Many schools of nursing have teachers and students who are interested in photography, and, who, with a little assistance, could produce simple films.

The activity of producing films in the school serves several multiple purposes. First, it is an aid to instruction; provides materials for group instruction; opportunities for the acquisition of skills and information through actual student participation in the preparation of audio-visual aids; student motivation.

Second, it is a means of presenting documentary records. For example, it would be possible to provide a history of the school through yearly productions of Capping Exercises, Graduation, and similar events. Third, it is a medium to promote public relations.

A film made of the activities of student nurses and events in the school of nursing could be used to interpret the school program to the public, as well as for recruitment purposes.

Summary

Educational motion pictures can make their maximum contribution to learning and teaching only if they are available when they are needed and are chosen in terms of the objectives of the teacher and students for a particular learning experience.

This necessitates a careful selection of motion pictures based on criteria cooperatively set up by the faculty and in terms of the students learning needs. To do this, the teacher must be thorough-

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Nurses In The News

New Instructors of Indiana U. Aid in Educational Opportunities

THREE NEW INSTRUCTORS have come to the Division of Nursing Education, School of Education, Indiana University. The coming of two of these instructors will open new educational opportunities to graduate nurses interested in special clinical preparation in obstetrics and pediatrics.

Miss Myrtle E. Lewis graduated from Milton College, Milton, Wisconsin, with a B.S. degree. Following graduation she had three years experience in teaching in secondary schools. She obtained her basic nurse education at Battle Creek Sanatarium and Hospital and a few years later took a post-graduate course in Obstetric Nursing at Chicago Lying In Hospital which is associated with Chicago University.

Later she attended Teachers College, Columbia University, taking work in the Area of Administration in Schools of Nursing. She has had extensive experience in administration of and teaching in Maternity Nursing and care of the new borne and comes to Indiana University from the Cook County School of Nursing where she held the position of Assistant Director of Nurses in Charge of Obstetrics, Out-Patient, and Gynecologic Nursing.

Miss E. Rita Davidson, after graduating from the basic nursnig program at Polk County Hospitals, Des Moines, Iowa, became charge nurse at the Broadlawns Contagious Hospital. Later she did general staff nursing at the Iowa Methodist Hospital of Des Moines and head nursing at Winterset Hospital of Winterset, Iowa. Later, in Sharon, Massachusetts, head nurse responsibilities led to work in the convalescent Pavilion and in Acute Wards of the Sharon Sanatorium.

This was followed by five years of caring for children with Rheumatic fever at the same institution. Later she was supervisor at Baton Floating Hospital which is the children's unit of the New England Medical Center.

Miss Davidson has been a staff nurse with the Boston Visiting Nurses' Association and a Teaching Fellow at the Boston University School of Nursing. She comes to Indiana University with a certificate in Public Health Nursing from Simmons College, Boston and both a B.S. and M.S. in Nursing Education from Boston University School of Nursing.

Miss Catherina B. Glennon has been appointed Instructor in Nursing Education and Coordinator of Field Work in Public Health Nursing.

Miss Glennon is a graduate of the Medical Center School of Nursing of Jersey City, N. J. She holds a B.S. in Education from the University of Pennsylvania; and M.S. in public Health from the School of Public Health in the University of Michigan; and has done graduate study in Tuberculosis nursing at the University of Syracuse, N. Y.

At the Medical Center in Jersey City, Miss Glennon was Head Nurse of a Communicable Disease Unit; then she began public health work with the New Jersey State Health Department and became District Supervisor in Public Health. Later she was appointed Senior Assistant Nurse officer in the U. S. Public Health Service and assigned to the Indiana State Board of Health as Tuberculosis Nursing Consultant.

New instructors at Indiana University are: Left, Rita Davidson; Center, Catherine Glennon; Right, Myrtle Lewis.

Industrial Nurse Gets New Position

MISS MILDRED BROGAN, staff nurse with the Bell Telephone Company since December, 1947, has been named nursing supervisor for that company in the Montreal area. In this newly-created position she will report directly to Dr. D. C. Bews, Assistant Medical Director.

Among her duties will be the direction of Bell nurses in their professional duties, including training, assigning work, maintaining discipline and making certain that established medical procedures are carried out efficiently.

MILDRED BROGAN, R.N.

She will supervise health education programs conducted by the nursing staff. She will also conduct research covering all phases of nursing and training procedures within the company. Miss Brogan will also act as liaison officer for the Bell nursing group in established contacts with other nursing groups in industry and teaching work.

She received her Bachelor of Arts degree from University of Montreal in 1939, graduated from the Montreal General Hospital School of Nursing in 1942.

Miss Brogan took a course in hospital teaching and supervision at the McGill University School for Graduate Nurses in 1944 and returned to the teaching staff at the Montreal General Hospital until she entered industrial nursing.

In February, 1949, she was awarded a scholarship through the McGill University School for Graduate Nurses to take a special course in industrial nursing at the University of Pittsburgh.

North Carolina Nurse Awarded Fellowship to Mt. Sinai Hospital

MRS. MARJORIE R. WHEELER, through the generosity of the Administration of New York's Mount Sinai Hospital, was extended a fellowship which enabled her to observe techniques in the hospital's three large Pediatric pavilions.

Mrs. Wheeler is Supervisor of the Pediatric pavilion of Community Hospital of Wilmington, North Carolina. She reports that her work at Mount Sinai was intensely interesting and expresses gratitude for the personal supervision given her by Miss Warman, Superintendent of Nurses and by several physicians of the Medical Staff.

Mr. Frank B. Adair, Administrator of Community Hospital, states that this is a beginning of what the hospital hopes to develop in the way of a series of short term fellowships which will take Com-

munity Hospital nurses into several of the country's best teaching institutions.

Community Hospital is North Carolina's second largest hospital for Negroes. Its Board of Trustees and its Medical Staff are inter-racial. Mr. Adair, formerly Assistant Executive Director of New York's Sydenham Hospital, accepted the North Carolina post eleven months ago and expresses hope that the institution will soon be developed into one of the finest Medical Centers of its kind and size to be found anywhere.

Newcomers to Reserve's Faculty. Back row, l. to r.: Norma J. Kolthoff, Elizabeth L. Hart, Wilma H. Minniear, Helen E. Hallfors, and Ruth C. Rolf (Mrs. Robert). Seated, l. to r.: Verna L. Huge, Edith B. Boyce, Mary I. Crawford and Dr. Elizabeth K. Porter of nursing. Miss Doretta C. Thielker, assistant professor of science, is not pictured here.

Newcomers to Western Reserve University's Faculty

EIGHT FACULTY APPOINTMENTS and two promotions were announced recently by Miss Helen L. Bunge, dean of the Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio.

Among the new members to the nursing school faculty is Dr. Elizabeth K. Porter, who has been coordinator of the University of Pennsylvania's advanced clinical nursing program and professor of nursing education there for the past three years, and on the staff of that University's department of nursing education since 1935.

Dr. Porter took her nursing at Western Pennsylvania Hospital School of Nursing, where she later instructed for four years (1931-1935). She received her B.S. and her teaching diploma from Teacher's College, Columbia University, and both her M.S. and Doctor of Education degrees from the University of Pennsylvania.

A contributor to nursing journals, Dr. Porter's most recent article, "The Economic Security Program and the Profession of Nursing," appeared in the *American Journal of Nursing* last year.

She is a member of the American Nurses' Association, Pi Lambda Theta, and the National League of Nursing Education, and chairman of the fast organization's Committee on Postgraduate Clinical Nursing Courses.

MRS. MARJORIE R. WHEELER, R.N.

Three new assistant professors, Elizabeth L. Hart and Doretta C. Thielker, are among the seven new appointees. Miss Hart comes to Reserve from Simmons College, where she was instructor in nursing for six years and assistant professor this past year. From 1942 to 1945 she was a part-time lecturer in Nursing at Harvard Medical School. Previous to that time, Miss Hart held various instructing positions at Peter Bent Brigham Hospital, Boston, and Mt. Auburn Hospital, Cambridge, Mass.

Miss Thielker has been appointed assistant professor of science. She was staff nurse of St. Luke's Hospital and New York Hospital, New York, last year, and assistant director in charge of instruction in biological sciences at Hartford Hospital School of Nursing, Conn., from 1943 to 1948.

Before that time she directed the School of Nursing and Nursing Service Hospital of the Women's Medical College, Philadelphia, for two years; was education director and science instructor of Hazelton State Hospital, Pa., for two years; and acted as assistant head nurse and clinical instructor for one year at New Haven Hospital.

Miss Thielker, a graduate of Yale University School of Nursing, received a master's degree from Columbia University and later did graduate work at Bellevue Hospital Medical School. Both women are members of the American Nurses' Association. Miss Hart also holds membership in the National League of Nursing Education.

The other four appointees are Verna L. Huge as field instructor in public health nursing; Mary I. Crawford, graduate of the University of Michigan, Wilma H. Minniear as instructor in medical nursing, and Norma J. Kolthoff as instructor in science.

Verna L. Huge, a graduate of the Frances Payne Bolton School of Nursing, has just spent two years as staff nurse in the Territorial Department of Health, Juneau, Alaska. Miss Crawford was for the past three years head nurse at University Hospitals, Cleveland, while Miss Minniear had been head nurse of the Medical Staff there for the past two years. Miss Kolthoff has just completed her work at Indiana University for her M.A. degree, prior to which she was on the staff of University Hospitals, Cleveland, and Copley Hospital, Illinois. She was later Train Hostess, and "Happiness Tours," Chicago.

The faculty promotions, went to Miss Annabel Griffith and Martha O. Schoenlaub (Mrs. R. A.), both of whom became assistant professors. Annabel Griffith, a graduate of the Frances Payne Bolton School of Nursing, who had been field instructor in public health nursing, Western Reserve School of Nursing since 1944, also received another advancement. Formerly assistant to the director of the University of Public Health Nursing District, she is now its director.

Mrs. R. A. Schoenlaub's field is science. She has been at Reserve since 1945. She received her R.N. and B.S. degrees in Education, Ohio State University, Columbus, Ohio.

Ruth C. Rolf, has been appointed as assistant in Science. Her professional nursing experience includes General Duty, Lutheran Hospital, for one year; Head Nurse of the Surgical Ward, Lutheran Hospital, for four years. From 1944-46, she served in the Medical and Surgical Wards of the United States' Navy Corp.

Helen Elizabeth Hallfors, a graduate of Yale University School of Nursing, has been appointed assistant professor of Pediatric Nursing. She has held numerous positions in the field of nursing. From 1939-41, she was assistant head nurse of the Children's Medical Division Ward, New Haven Hospital, and in 1941-43, she was head nurse there.

Edith Bernice Boyce, a graduate of the University of Pittsburgh School of Nursing, has been appointed as assistant of nursing.

Medical Research

Drs. Report New Virus Disease Resembling Nonparalytic Polio

Occurrence of a new virus disease resembling mild poliomyelitis was reported separately, recently, by doctors from New Haven, Conn., and Providence, R. I.

The new disease occurred among residents of Connecticut and Rhode Island during the polio season last summer and fall, the doctors said in the American Medical Association Journal.

The New Haven doctors—Edward C. Curnen, Ernest W. Shaw and Joseph L. Melnick of the Yale University School of Medicine—said that their study indicates the disease has a seasonal incidence in the summer and fall and may be common.

"Its occurrence during the summer of 1948 in the southern part of New England may account for the discrepancy noted in the distribution of paralytic and nonparalytic cases and for the mild character of many of the illnesses which were considered to be poliomyelitis," they pointed out.

The virus causing the new disease has ben isolated and tentatively called the "IM virus" (because it causes fatal paralysis in infant mice), the New Haven doctors reported. Their study was concerned with 10 patients shown to be victims of infection with this virus. All at first thought to have nonparalytic poliomyelitis or "meningitis of unknown origin."

Typical symptoms of the disease as described by the New Haven doctors were fever, headache, nausea, pain in the abdomen and arms and legs, stiffness in the neck or back and drowsiness.

These symptoms so closely resemble those of nonparalytic poliomyelitis that doctors may not be able to distinguish between the diseases in some cases, the New Haven doctors said.

Although none of the patients studied became paralyzed, evidence is insufficient to warrant the assumption that paralysis has not resulted from infection with the new virus, the doctors added.

In a separate article in the same issue of *The Journal of the A. M. A.*, the Providence doctors—Alexander A. Jaworski and Edward J. West of the Charles V. Chapin Hospital—reported 18 cases of the disease. All these patients had a short illness and recovered completely with treatment aimed at making them more comfortable, the article said.

Modern Treatment for Burns Prevents Disfigurement

Treatment for burns which has been developed in the last few years increases chances for survival and diminishes the danger of impairment, according to an article in the December issue of *Hygeia*, health magazine of the American Medical Association.

The new methods were made possible by wartime advances in medical knowledge, especially that of blood and infection-fighting drugs, says Red Cross worker Alma Gaines Ramsay of Arlington, Va.

"New discoveries, coupled with greater accessibility to hospitals, rule out home treatment of bad burns," Mrs. Ramsay says.

"Tea water, medicated salves and messy sprays have been discarded. For major burns, the primary treatment now is human blood, which is most effectively administered in hospitals.

"Doctors insist that there is no suitable emergency home treatment of severe body burns; that household remedies often do more harm than good and waste precious time. They urge that a fire victim be wrapped in a clean sheet and taken to the hospital, fast.

"Before the war, a usual treatment was to clean all foreign matter and burned tissue from the burned area and spray it with tannic acid or some similar substance. The practice consumed time and subjected the patient to additional pain and shock.

"In a modern hospital today when a burned patient reaches the emergency room he is met by a burn team of specially qualified doctors and nurses.

"First attention is given to shock. The important factor in shock is prompt re-establishment of an adequate volume of circulating blood. Plasma or serum albumin (a blood fraction) are ideal fluids for this purpose because they are often more readily available than blood. Plasma, however, must be followed quickly by transfusion of whole blood.

"The other step is to cover the damaged surface with petrolatum-impregnated gauze, to pile on eight to 10 inches of surgical waste (padding material) and then to apply a snug elastic bandage. This dressing is left on from eight to 14 days, unless infection occurs.

"Then the burn is attacked from the inside by use of penicillin and similar drugs and by massive transfusions of whole blood and blood fractions."

Ten Lives Saved by Flame Photometer, Columbia Medical Center

Ten patients who otherwise would have died, were saved in the last 18 months at the Columbia University Medical Center by the use of a new instrument called the flame photometer. This instrument, which analyzes potassium in body fluids more rapidly than by any other method, is manufactured by the Perkin-Elmer Corporation of Glenbrook, Connecticut.

Although, potassium is present in the human bloodstream in extremely small amounts—a deficiency as well as an excess can produce death.

An article appearing in a recent issue of *Instrument News For Science and Industry* states: "With the flame photometer, doctors at Columbia's general surgical service tell with extreme rapidity and accuracy whether a potassium deficiency or excess is threatening. In both cases immediate action must be taken to avoid death.

Older methods of determining the amount of potassium in the blood take from two days to one week to perform, far too long to provide proper aid for the patient. With the flame photometer, doctors learn just how much potassium is present in less than half an hour, according to this report.

At the Jewish Hospital in Brooklyn, cases similar to those at Columbia Medical Center have been reported by Dr. Samuel Natelson, Director of the Hospital's Routine Biological Laboratory. During the last summer, he believes, his laboratory uncovered three cases of "low-level" potassiums quickly enough to prevent death.

New Microscope for Cancer Research has Been Developed

Designed primarily for cancer research, an Ultra-Violet Microscope for observing living, unstained body tissues is now in production.

The instrument's revolutionary objectives not only provide increased resolving power but make it possible to photograph as well as view for the first time freshly prepared section of live tissues and tissue cultures through three

different ultra-violet wavelengths.

The photographs may also be projected or reproduced on color film through three visual color filters that provide densities, contrast and structural detail never before attained.

Developed during the past two years by Bausch & Lomb Optical Company, Rochester, N. Y., and Polaroid Corporation, of Cambridge, Mass., the microscope's objectives are of a reflecting type, and therefore corrected chromatically throughout the entire ultra-violet spectrum. Focusing can be done in visible light and photographs taken with other regions of the spectrum without disturbing the focal setting.

By using a band of wavelengths, intensity of illumination in the image is high, allowing shorter photographic exposure than is required in a monochromatic objective system.

Subtle changes in the balance of certain biochemicals within the living cell, which may, for example, be linked to carcinogenesis may also be determined by measuring the ultra-violet transmission of individual cell parts at different wavelengths of light.

"All of the elements, mirrors and lenses have simple spherical surfaces, extremely precise but relatively easy to produce by advanced grinding and polishing methods," according to Leon V. Foster, of Bausch & Lomb's Scientific Division.

Now in use at the Sloan Kettering Institute for Cancer Research and Massachusetts Institute of Technology, the microscope is particularly useful in the field of biochemistry for direct photographic recording of biological tissues, for microphotometric determination of biochemicals by photoelectric means, or for photodensitometry, Mr. Foster pointed out.

Aureomycin Produces Quick Relief in Shingles

Four cases in which aureomycin produced quick relief from shingles are reported by two Newport News, Va., doctors in a recent issue of *The Journal of the American Medical Association*.

All four patients experienced relief of pain 24 hours after the antibiotic drug was administered, says Drs. M. L. Binder and L. E. Stubbs.

In two cases, the rash associated with the disease disappeared in five days. In the remaining two cases, the rash disappeared in four and seven days, respectively.

"The treatment of herpes zoster (shingles) at its best has been unsatisfactory in the past," the doctors point out. "The multitude of therapeutic agents recommended is an indication of the lack of efficacy of any of these agents in the majority of cases."

Doctors Told to Watch for Spread of New Disease

During the warm seasons, doctors throughout the United States should be alerted to a recently recognized disease, rickettsial pox, according to an article in the 12/17/49 issue of the *American Medical Association*.

Possibility of the spread of the disease from New York to other cities in the United States is highly probable, says Dr. Leslie Paxton Barker of St. Luke's Hospital, New York.

The first cases of rickettsial pox were discovered in the Queens section of New York in 1946, according to Dr. Barker. Since then about 150 cases a year, from Queens and three other boroughs of the city, have been reported to the New York City Department of Health.

No deaths have ben reported from the disease. Rickettsial pox is harbored by the common house mouse and is transferred to human beings by the rodent mite which infests the mice.

The bite of the mite is said to produce an initial lesion resembling a pimple or boil. Other symptoms of rickettsial pox are fever, sweating, headache and a rash, Dr. Barker says.

Cause of the infection is a rickettsia, a minute microbe somewhat like bacteria and somewhat like viruses.

Rickettsial pox frequently has been confused with chickenpox, and has even been thought to be smallpox, typhoid and typhus, Dr. Barker points out.

More than 30 cases of rickettsial pox were observed from April to September in 1947 and 1948 at the skin clinic of St. Luke's Hospital, Dr. Barker reports.

Chronic Malaria Seen as Cause of Epileptic Seizures

Chronic recurrent malaria may cause epilepsy, according to three doctors of the U. S. Veterans' Administration Center, Los Angeles.

Writing in the 12/17/49 issue of *The Journal of the American Medical Association*, Drs. David R. Talbot, Alan C. Elerding and John O. Westwater report that three veterans with recurrent malaria developed seizures characteristic of epilepsy.

Malaria may cause permanent impairment of the gray and white matter of the brain, the doctors point out.

In two of the cases, definite improvement in mental attitude and abnormal behavior occurred after antimalarial treatment, the doctors say. In the other case, however, brain damage was thought to be permanent.

Absence of chills and fever does not rule out the occurrence of malaria in persons who live, or have lived, in the tropics or other malarial areas, according to the article.

Recent progress in treating malaria provides an unprecedented opportunity to halt the process before further damage is done, the doctors say.

New Anesthetic Jelly Aids In Diagnostic Procedures

The development of a new anesthetic lubricating jelly which will find many valuable uses in diagnostic and therapeutic procedures has been announced by Johnson & Johnson, of New Brunswick, New Jersey.

Johnson's Anesthetic Lubricating Jelly is an extremely pure, non-irritating, water-soluble jelly, possessing excellent local anesthetic properties, according to reports.

It is intended principally for use as a lubricating agent to facilitate the passage of instruments into body cavities, as in cystoscopy and proctoscopy. Its prompt local anesthetic action aids greatly in minimizing the discomfort usually attendant upon such examinations, and frequently obviates the necessity of using any other local anesthetic agents.

Disposable Enema Tube Has Been Introduced

A new disposable plastic enema tube has been developed by Dispo-A-Tube, Inc., Detroit, Michigan.

Made of white polystyrene plastic, the five inch tube may be used wherever enemas are indicated. The tube is factory-sterilized, and is packed in an individual heat-sealed pliofilm bag.

Of particular interest to radiologists who administer barium enemas, is the fact that the tube is self-retaining. It is reported to be especially useful in cases of sphincter muscle relaxation.

The disposable enema tube can be burned, permanently removing a source of contamination.

Among other advantages claimed for the tube are: the psychological effect on patient of having a tube that is used just once, then discarded; and the saving of time and effort that is ordinarily consumed in cleaning and sterilizing of enema tubes.

Hospital Standards and Supplies

Airborne Germs Hard to Kill

That tuberculosis germs can be killed with ultra-violet germicidal lamps has been demonstrated by H. M. Vandiviere, director of bacteriology and parasitology research of the Department of Public Health in Atlanta, Georgia.

He found that droplets injected into the air by an infected person could be killed after 22 hours exposure at a distance of 6 to 8 feet. Germicidal lamps will kill 70 per cent of all airborne bacteria found in a room according to Mr. Vandiviere.

It is reported that food spoilage by molds, which cause destruction running into millions of dollars each year, can also be reduced with the use of ultraviolet lamps according to Matthew Luckiesh of the Lighting Research Laboratory of the General Electric Company.

Another effective way of ridding the air of bacteria is by using triethylene glycol vapor. However, this method has definite limitations as it is only effective within a relative humidity range of 20 to 50 per cent.

The use of triethylene glycol vapor, according to reports may prove to be impractical and expensive as the air must be kept saturated with the vapor to assure positive results.

In general, it should be understood that neither of these methods are practical for reducing cross-in-infection except in those instances where the persons are exposed to the controlled conditions for a considerable portion of the day. For example, the American Medical Association only recommends the use of ultraviolet lamps in contagious wards in hospitals and nurseries, and in operating rooms.

If You Resharpen Surgical Blades Special Prices are Now Offered

The *Bureau of Hospital Standards and Supplies* has made a special arrangement with the Abbet & Macke Company, Covington, Kentucky to have its resharpening service, extended to all member hospitals. Members have been granted a special price at $2.88 per gross. This is at least one cent per blade lower than is offered by any other resharpening service. Abbett & Macke does resharpening for several surgical supply houses, to some of which you undoubtedly have been sending your blades.

What Have You Done About Fire Prevention?

The disastrous fire which destroyed St. Anthony's Hospital in Illinois caused many institutions to awaken to the need for better fire protection measures. Always after a major tragedy of this kind there is a great agitation for adoption of means to prevent other such disasters. Then, as time goes on, interest lags until another fire again arouses the public's concern.

Store rooms, shops, laboratories, laundry chutes, and elevator wells are particularly susceptible to flash fires. The use of a fire-resistant paint will hold back the spread of flames until fire fighting equipment can be brought into use. Alibi-R paint has proved to be one of the best fire-resistant coatings that can be applied in such areas. You may buy this product through the Bureau and receive large dividends under the dividend refund plan.

Heat Loss From China And Plastic Ware

A beverage poured into plastic (melamine) cups will be hotter for the first few minutes than if poured into china cups. However, after five to six minutes the temperatures in the two types of cups are about equal. These facts have been disclosed by tests made by the Bureau's Research Department.

A china cup, being heavier, will absorb more heat from the liquid than the plastic cup, therefore, the hot liquid poured in the china cup will be cooled more. However, if the area exposed to the air is about equal the temperatures of the liquid will become equal in five or six minutes. These tests disclose the fact that cooling due to evaporation is a greater factor than the kind of material from which the container is made.

If the container is covered, then the one made of plastic will maintain a higher temperature up to 30 minutes. This indicates that covered plastic soup bowls will hold the temperatures at a higher level than china provided that the containers are at equal temperatures to begin with. If the china soup bowls are preheated they will probably maintain the temperature of the contents at a higher level than plasticware.

This condition will also hold for plates, i.e., a preheated china plate will hold the food at a higher temperature than a plastic plate at room temperature. However, if both plates are at room temperature the plastic will absorb less heat and keep the food warmer than china for a short period. The lower specific heat of plasticware is of little importance in maintaining food temperatures except in cases where the dish is covered.

Anti-vitamins Prolong Lives Of Leukemia Victims

Treatment with chemicals known as anti-vitamins has resulted in prolonged lives and less suffering for victims of leukemia, or cancer of the blood. The anti-vitamins offer no present hope of a cure for leukemia, however. Most valuable in fighting acute leukemia are those vitamin antagonists which work counter to folic acid, a B-complex vitamin used in treating some forms of anemia.

New Disposable Nipple Covers Are Now Available

Nipgard covers completely cover the nipple and neck of the infant's nursing bottle. Quickly applied, the cover is held firmly in place by specially designed tabs. This cover is made to withstand sterilization temperatures and tests indicate its thorough effectiveness after autoclaving.

For Your Information

Material is abstracted from research data at the Hospital Bureau of Standards and Supplies, 247 Park Avenue, New York 17, N. Y.

If you are a nurse in a non-profit hospital which is not affiliated with the Hospital Bureau and desire more information, write to the

EDITOR OF TRAINED NURSE
468 Fourth Avenue, New York, N. Y.

Fashions and Grooming

by Gail French

PEOPLE are talking about this propitious New Year . . . "the great mid-century year 1950." Most of us realize that what we do today . . . the sincerity we bring to our work . . . the happiness we manage to extract from our leisure . . . will determine to a vast extent the joys which we shall collect from this, and future, years.

Planning for free hours . . . for travel, reading, party times . . . can be as richly rewarding as the careful plans you may make for professional progress.

For example, most of us know women who say that they *scorn* Fashion. (But most of these *don't need to say so* . . . their appearance usually proclaims it.)

There's the woman who has only brown shoes, yet her costume is of a color that "fights" with brown. There's the girl who has invested so heavily in a glitter dress, she has nothing really appropriate for a mid-day appointment. You can think of many other examples . . . the girl whose scarf doesn't harmonize with her hat; or the woman whose umbrella is of a pattern or color that has no relation to the rest of her outfit.

A Good Resolution for this New Year . . .

Plan before you spend a quarter! When you plan, and resolutely carry out your plan, you can "forget" your appearance, yet look always appropriately and charmingly dressed and groomed. This is more mentally tranquilizing than to have to acknowledge, at least secretly, that you're wearing the wrong combinations of colors, or have been forced to combine conspicuously shabby accessories with a spic-and-span dress or suit.

Are You Considering a New Dress?

Wool jerseys still have top Fashion billings, with sheer wools, small shepherd's checks, some plaids, and solid navy blue equally prized. The *pastel* wool jerseys deserve special consideration . . . if your work or holiday takes you South or to California. But pastels are worn in cold latitudes, too, with Winter coats.

Some store buyers are complaining: "Nothing new for Spring!" But that's your good luck. It means merely that the silhouette has not changed noticeably. No radical "new look," with skirts shortened or lengthened; shoulders drooping or exaggerately padded. Clothes for Spring are beautifully wearable . . . flattering . . . almost classic in their new neatness; a vast boon to meagre clothes budgets.

Shirtwaist and coat-dress styles continue as great favorites; "little boy" white collars of pique appear on dark wools and on white blouses alike.

Surah-type rayons in tie-prints are welcome refreshers under dark coats—such as red or navy patterned with white polka-dots. This is not a season when the "newness" of Fashions diverts your eyes . . . but it is a season in which the "little" dress at a modest price looks perfectly charming and is endlessly useful.

Your Face and Hands Are Always in the Picture . . .

You can put a dress or blouse you're not keen about back into your closet but *who can do that* with her one and only face, her ever-active hands?

These constant companions deserve more care, and more of an investment in creams and lotions, than many busy women usually devote to them.

For your face: a cleansing lotion or light cleansing cream . . . followed by a rich lubricating cream that you leave on . . . is a good before-sleeptime ritual; followed on rinsing, by an astringent lotion that removes any cream traces and brings a sparkly glow to your skin. Practically all the great cosmetic houses now offer this *three-step* way to facial beauty . . . *Elizabeth Arden, Dorothy Gray, Helena Rubinstein, Harriet Hubbard Ayer,* and others.

The way you apply your cosmetics is almost as important as your faithful use of them. Experts advise upward, outward strokes in applying your creams: taking care not to stretch the skin but to stir the circulation with firming, uplifting pats.

For your hands: added to all the countless ways in which your hands are so often in water, there's the crackling outdoor cold waiting to add its chapping and redness to our skins. *Tussy* Wind and Weather Lotion, *Revlon's* Aquamarine Lotion, and *Pacquin's* Hand Cream are three favorites for hand-skin care. Each will provide good protection, and bring skin-beautifying and softening rewards to its faithful daily users.

And Now . . . With the Curtain Raised on This Mid-Century Year

. . . May we wish you many joys: well-chosen clothes that make you feel happy; smooth hands that make patients happy; and a face that radiates your inner sense of faith, satisfying achievement, and well-being!

New Nursing Texts

BY MOSBY

· Orthopedic Nursing

New Second Edition

Originally designed as a presentation of the combination of medical and nursing viewpoints regarding the nursing care of patients with orthopedic conditions, the book continues with the same purpose in this new Second Edition.

All the light and understanding of the problems of severely disabled patients which was gained with war-nursing experience has been incorporated into the book. New sections on the nursing care of patients with paraplegia and amputations have been included because of the proving ground the war so abundantly supplied. Emphasis on convalescent reconditioning and early ambulation has also been more fully developed with military demands. Considerable new material will be found in the chapter on poliomyelitis.

Throughout, the book goes into minute detail, calling particular attention to things which should be watched, or avoided in orthopedic nursing. The most common orthopedic conditions are listed separately; first, the symptoms, pathology and treatment; followed by careful instructions in nursing care of the condition. There is considerable space devoted to the care of children.

By ROBERT V. FUNSTEN, M.D., Professor of Orthopedic Surgery, University of Virginia Medical School, and University of Virginia Hospital School of Nursing; and CARMELITA CALDERWOOD, R.N., A.B., Consultant in Orthopedic Nursing, National League of Nursing Education, New York. 660 pages, 298 illustrations. **PRICE, $4.25**

· Communicable Disease Nursing

New Second Edition

The first edition of this text was published in 1942, and probably no other period has seen more change in concepts of treatment—methods of control—and nursing care of the patient with acute communicable disease. War research has made striking changes in the field of public health. The development of effective insecticides, the control of airborne infection through aerosols, new laboratory procedures, active immunization, chemotherapy and biotherapy have achieved actual and potential mastery of many problems of communicable disease undreamed of by the most visionary scientists of the past.

All this new material is most carefully written into this particular text in its new Second Edition. New Chapters in this Edition are:

Sulfonamides and Antibiotics; Infectious Mononucleosis; Infectious Hepatitis and Serum Hepatitis.

Miss Lynch's book is an ideal teaching tool, since it stresses preventive measures of control and contains so much material on nursing technics—both in hospital and home.

By THERESA I. LYNCH, R.N., Ed.D., Dean of the School of Nursing, University of Pennsylvania; Formerly Superintendent of Nurses and Director of Instruction, the Willard Parker Hospital, New York City. 776 pages, 131 illustrations (4 in color). **PRICE, $4.75**

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San Francisco 9, California

The Current Books

DIABETES

DIABETIC MANUAL—by Elliott P. Joslin, M.D., Clinical Professor of Medicine, Emeritus, Harvard Medical School; Medical Director, George F. Baker Clinic, New England Deaconess Hospital, Boston, Mass. Eighth edition. 260 pages. Illustrated, 1 plate in color. Lea & Febiger, Philadelphia. 1949. Price $2.50.

The purpose of this highly authoritative book is to give diabetic patients all the guidance, instruction and information needed to enable them to live normal, useful lives. Nurses who have this information at their fingertips can be of truly great value to their diabetic patients. There is an entire chapter on foods and their composition.

ETIQUETTE

MANNERS MADE EASY—by Mary Beery. McGraw-Hill, New York. Price $2.40.

A book on social usage, conduct, and poise development for young people, offering practical, down-to-earth information on grooming, posture, health, clothes, speech, and correct behavior at home, school, and work, in public, and at all kinds of social affairs. It presents the what, how and why of social usage, applying its principles to everyday life situations which the young person constantly encounters.

GUIDANCE

GUIDANCE HANDBOOK FOR TEACHERS—by Frank G. Davis and Pearle S. Norris. McGraw-Hill, New York. Price $3.50.

A handbook to implement the guidance work expected of teachers or any person in an intimate supervisory position, this volume gives clearly and concisely the philosophy of caring for the needs of the individual and outlines a program and the tools necessary for such activity.

It employs a psychological approach to the subject and discusses, by means of appropriately chosen examples, typical problems in guidance and counseling which occur among children and adolescents.

COUNSELING AND DISCIPLINE—by E. G. Williamson and John D. Foley. McGraw-Hill, New York. Price $3.75.

Planned to serve as a reference for all whose professional duties include counseling, this book is concerned with individualized methods of dealing with disciplinary behavior, rather than group methods.

It deals with the psycho-therapeutic and other counseling methods applicable in instances when behavior patterns are unacceptable according to moral standards and social rules and regulations. The entire range of misbehavior is described and an appendix of case histories is included.

HOSPITALS

THE HOSPITAL IN CONTEMPORARY LIFE—by Nathaniel W. Faxon, M.D., Harvard University Press, Cambridge. Price $5.00. 228 pages.

This discussion by eight noted authorities of the place of the hospital in society should be of great interest to everyone—whether he be patient, doctor, hospital administrator, or public welfare worker.

This book is neither a statistical summary nor a piece of special pleading. It is, rather, a straightforward and thought-provoking discussion of the relationship of the individual to the hospital, and of the hospital to society.

It traces the history of the hospital from its beginnings to the emergence of city, state, and federal hospitals, and the growing tendency for governmental authority to supersede private agencies. It warns against the dangers of complete government control.

The Hospital in Contemporary Life considers the entire field of medicine from a social standpoint; the attitude of the doctor toward his patient; the newer theories of the relief of pain, as developed by psychosomatic medicine; the place of psychiatry in general practice; the obligation of both doctors and hospitals towards research; the proper education and training of the young doctor.

The distinguished contributors to this volume are all associated with the Massachusetts General Hospital, of which Dr. Faxon is the Director; they are Drs. Edward D. Churchill, Henry K. Beecher, Stanley Cobb, Leland S. McKittrick, Oliver Cope, Eugene M. Landis, and Joseph C. Aub.

MENTAL HYGIENE

MENTAL HYGIENE IN PUBLIC HEALTH—by Paul V. Lemkau, M.D., McGraw-Hill series in Health Science. Price $4.50.

An effective basis for setting up constructive programs for the promotion and protection of mental health is presented in this unique book. The author demonstrates specifically how all hospital and public health personnel can include the prevention of mental and personality disturbances in their everyday work.

MICROBIOLOGY

INDUSTRIAL MICROBIOLOGY—by Samuel C. Prescott and Cecil Gordon Dunn. Second edition. McGraw-Hill, New York. Price $8.50.

This is a thorough revision of a successful and distinguished text and reference book which discusses the problems in microbiology arising in the industrial situation. The book has a special relevance to the dietitian, devoting considerable space to the biochemical aspects of food technology. This new edition also contains a valuable chapter on the antibiotics.

NURSING ARTS

ILLUSTRATED HANDBOOK OF SIMPLE NURSING—by Wava McCullough, assisted by Marjorie Moffit, R.N., McGraw-Hill, New York. Price $2.40.

An informal manual showing simple nursing procedures through step-by-step pictures and easy-to-understand instructions. This illustrated text presents the working story in picture form demonstrating care of the sick or convalescent patient.

Baby care and nutrition are included, as well as the procedures used in time of illness. This book will be useful for beginning nurses to suplement the formal textbooks of the nursing arts.

Please Note

The list presented here is compiled from all available sources in an effort to develop a complete listing of new books and pamphlets.

The descriptive statement of each book has been submitted by the publisher.

Books will be obtained for our readers. Your order must be accompanied by check or money order for the published price of the book, and addressed to Book Department, Trained Nurse, 468 Fourth Avenue, New York, N. Y.

PRO

Economic Security Program

(*Continued from page 16*)

generally an accepted part of a collective bargaining agreement, we can look forward to the time when nurses will have a clear understanding of their employment terms for a definite period of time.

Incidentally, a contract does not detract from professional status. Many of our nurse educators have long worked under the provisions of a contract.

The state nurses association would enhance its prestige by using the socially accepted technique of collective bargaining.

4) The individual has a right to participate in establishing the conditions under which he shall work. This right is safeguarded in the ANA Economic Security Program with the development of the principle that recommendations for conditions of employment shall be made by the nurses who are to be affected by them. I do not believe that any appointed committee representing various interests has the right to tell any particular group what it shall receive as salary or what working conditions shall be.

5) The ANA Economic Security Program is the nurses' own program. It is paced only by the individual nurse's wishes and needs. Individually, each nurse indicates approval or disapproval of the program; she names the state association as her representative; she supports the association with her dues; she participates in establishing the statewide minimum standards for her own category.

Responsibilities Must Be Shared

If she wishes assistance from the state nurses association in implementing the standards, she asks for it; if it seems advisable to have a written contract in her situation, she is kept informed at all times of the terms of that contract. No contract is signed unless it meets with the apptoval of the group covered by it.

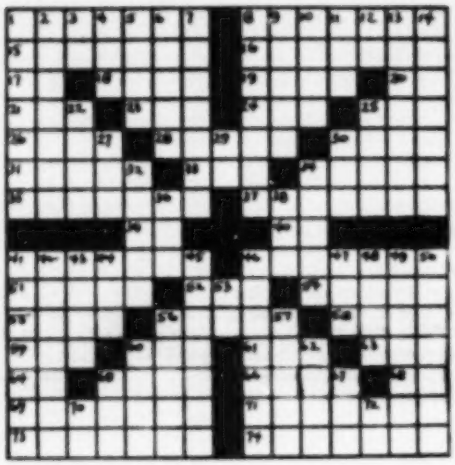
There are responsibilities associated with the program, and the individual must be willing to accept her share. After all, the state nurses association isn't something separate from us—IT IS US.

Yes, I believe in the ANA Economic Security Program. My belief is based on a firm conviction that the principles of the program are sound, and that this program is urgently needed in my own state. I believed that when I voted for the program in September 1946. My belief continues to be strengthened as time goes on.

Medical Crossword Puzzle

By Alan A. Brown

(*Solution on page 45*)



ACROSS

1. Resembling the skin
8. Deep fold in the cerebral cortex
15. Sudden determination
16. Oily
17. Antimony (symbol)
18. Group of athletes
19. Discovered cause of yellow fever
20. Baronet (abbr.)
21. An age
23. Amalgam (abbr.)
24. Gold, deuterium (symbols)
25. Discern
26. Medicinal plant
28. Stuffs
30. Indigent
31. Rush
33. Company (Fr., abbr.)
34. Greeting
35. Kind of bandage
37. Neither acid nor basic
39. Each (abbr.)
40. Gram (abbr.)
41. Smallest branch of a nerve
46. Addicted to self praise
51. Not disposed
52. Complete blood count (abbr.)
54. One who rates
55. Animal skin
56. Uterus (pl.)
58. The knee
59. Three (prefix)
60. Iridium, lithium (symbols)
61. Tumor (suffix)
63. Male descendant
64. Uranium, glucinum (symbols)
65. Oil (comb. form)
66. Provided
68. After food (Lat., abbr.)
69. Tearing
71. Therapeutics
73. Mental exaltation
74. Pertaining to a ridge

DOWN

1. Illness
2. Blood clot
3. Regius Professor (abbr.)
4. Mutual (abbr.)
5. Oil (pl.)
6. Hebrew patriarch
7. A Greek mayor
8. Hole in a bone
9. Obstruction of the bowel
10. Semen
11. Turf
12. We
13. Measles
14. An ester of sterol
22. Fixed standard
25. Solution, roentgen (abbr.)
27. Erbium, gallium (symbols)
29. Axioincisal (abbr.)
30. Fondle
32. Upright
34. Any fluid of the body
36. Calorie (abbr.)
38. Ovum
41. Hernia
42. Abnormal inactivity
43. Surrealist artist
44. Iodine, platinum (symbols)
45. Study of the history of organisms
46. Producing uterine contractions
47. Label
48. Suffix indicating dropsy
49. Vision improvement in the aged
50. Pertaining to the trunk
53. Buccomesial (abbr.)
56. A singing bird (pl.)
57. Slide specimen
60. Haunch bone (pl.)
62. Against (prefix)
65. Make a choice
67. Tellurium, sulfur (symbols)
70. Pseudomonas
72. Right (abbr.)

INDUSTRIAL NURSING

Inter-Plant Cooperation Cuts Accident Hazards

by Annette Rich, R.N.

LORETTA KRAMER of the Krug Seeley Corporation in Ann Arbor, Michigan, will tell you that being plant nurse for a small manufacturing company is a stimulating, satisfying job.

This enthusiastic, dark-eyed nurse was a dental assistant before she took her training at St. Joseph Mercy Hospital in Ann Arbor.

She knew then that she liked to work with all types of people but did not enter industrial nursing until after she'd had graduate experience in the emergency ward and head nursing experience in the obstetrical department of her home hospital.

Over a year ago Miss Kramer joined King Seeley, which employs 1300 men and women. This company manufactures various automobile parts and sends them to assembly plants all over the world.

An informal spirit of friendly cooperation is what the company depends on for its accident-prevention program, and it has worked.

The plant physician and nurses, the personnel men and the foremen all cooperate to reduce accidents and actively educate the workers to eliminate health hazards.

Informal Preventive Campaign

"We don't have a formal program of classes and talks," Miss Kramer explained. "Because we're a medium-sized plant we can carry on a continuous preventive campaign on an informal basis."

Cautioning posters, changed often throughout the plant to attract attention, may show the correct way to lift (bend your knees, not your back!) or graphically show how a small neglected cut can lead to a serious infection. The workers may be made aware of the accident potentialities of a bit of oil carelessly left on the floor.

The low accident rate of King Seeley shows that an informal spirit of cooperation, beside being more friendly, brings results. The plant won the Safety Award for the first six months of 1949 from the Michigan Mutual Liability Company of Detroit.

The foreman plays a big part in the plant's accident prevention program. He instructs his men on the possible dangers of their jobs and familiarizes them with the masks and goggles that will prevent injuries.

Accident Data Checked

The personnel men, who have all worked in the shops and have built up a fund of preventive knowledge by practical experience, meet with the foremen periodically and check accident data.

King Seeley requires the use of accident preventing equipment. Masks are supplied for the people in the plating room, where various metals, like chrome, are put over steel. Goggles are provided for riveters, welders and grinders. The use of hairnets for women is encouraged, so that hair ends will not get caught in the machinery.

The plant maintains a specially-constructed room for workers using luminous paint. Air is continuously cleaned and circulated to rid it of paint particles, so that lung irritations are avoided.

"Whenever a new manufacturing process is undertaken, I'm told what materials the people will be using so I'm prepared for any possible emergencies," Miss Kramer reports.

Miss Kramer is a firm believer in entering physical examinations. Every new employee is given a free physical examination by the plant physician.

The doctor does not maintain an office in the plant but serves as a consultant. Miss Kramer works closely with him, sends patients to his office when necessary and is free to call him at any time during the day.

The company uses the sight screener to place people in jobs for which their vision is best suited. This instrument is a recent development of the American Optical Company. Visual standards for each job were set up by a safety consultant, who made a survey of sight requirements for all the jobs in the plant.

In addition to the entering examinations, periodic chest x-rays of all employees are made in cooperation with the County Health Department. Workers may be examined during the day, which the mobile units come to call.

Miss Kramer's medical record system begins with the entering examination. An accident record card is kept for each employee, with a detailed account of all minor and major accidents.

Medical Records

As Miss Kramer points out, this enables the plant to determine injuries that might have developed from a minor injury.

If an accident requires the doctor's attention, a foreman's report is made describing exactly how the accident happened.

"These cards locate our accident-prone people and give us an opportunity to help them," Miss Kramer observed. "One man kept coming in with scrap steel, razor-sharp, in his fingers.

"I remarked that it seemed to be happening a lot. He then told me he was worrying about his trailer home. He'd leased some land for it, but the land had been re-zoned and he'd have to move to a trailer camp or be prosecuted. He didn't want to go to a congested trailer camp because of his children—he'd particularly leased land in a country area for them.

"He was so worried he couldn't think clearly. I suggested he talk his problem over with the city officials. He did, and found he wouldn't be prosecuted be-

Miss Kramer pauses in the press room on one of her walking tours through the plant. It is here that the more serious accidents might occur. The operator wears a leather strap which automatically pulls his hand back as the machine punches a piece out of the metal. Miss Kramer and the foreman check to see that all safety equipment is in good condition and is being used.

cause the land had been re-zoned after he leased it.

He was allowed to stay there temporarily. A short time later he sold his trailer and used the money as a down payment for a home.

Just talking out his worry helped him over his panicky feeling and he was able to work out his problem logically. Of course, the plant accidents stopped."

At King Seeley, when a foreman makes an accident report he notes that instructions were given to the worker and what measures could be employed to prevent a recurrence.

A woman's finger had been caught in a press machine. The foreman, a medical representative and personnel men met to consider prevention. The machine had one button. The foremen decided to put two on so that both of the woman's hands would be used simultaneously, eliminating the chance of a free hand being caught in the press.

Accident Chances Eliminated

No more accidents of this nature occurred, said Miss Kramer, citing the incident as an example of inter-plant cooperation in the reduction of accident hazards.

Well equipped because of her obstetrical experience, Miss Kramer often is called to instruct pregnant women in home care. If they are not under medical care, she supplies the names of several doctors so that the expectant mothers may choose one. King Seeley allows women to work up to their sixth month of pregnancy and places them in jobs that will not be injurious.

Cheerful Miss Kramer often has people dropping in to "just talk." They may be in emotional difficulties, far away from home, and need someone sympathetic and understanding to talk to. Miss Kramer believes just being a good listener goes a long way.

"Recently, a young employee came in to tell me how concerned he was about his five-year-old son by a former marriage. The young man and his second wife both worked; the boy had to stay with an aunt who over-indulged him. The father consistently punished the lad for doing things the aunt had allowed. Though his wife would soon be home all day because she was expecting a child, the employee was not reassured and fretted continuously about the situation.

"He persisted in thinking 'it would not be fair to have a woman take the responsibility of another woman's child.' His thinking was tangled.

"I pointed out that his second wife would not have married him if she minded the responsibility. He seemed relieved and left the office in a better frame of mind.

Quick Decisions Necessary

"You learn a lot of things by having them thrown in your lap," Miss Kramer twinkled. "You have to make quick, on-the-spot decisions about how to handle problems in a small plant like this when a doctor is not right there."

Psychosomatic symptoms must be recognized. One young man constantly came in with headaches, backaches and worry about being overweight. Miss Kramer suggested he see his family physician, who recommended psychiatric treatment. The headaches and backaches have disappeared.

Plant accidents are referred to the plant physician. Other illnesses are referred to the worker's private doctor. If he has none, Miss Kramer makes an appointment for him as a private patient with the plant doctor, and the worker pays the doctor.

One of the things I like most about industrial nursing is the close contact with "fellow-workers," Miss Kramer said. "They learn from the medical department, and we learn from them. It works both ways.

"A worker being treated for a finger cut told me about deer hunting. Another employee, on the soft-ball team, came in with a sprained finger joint and talked to me about sports."

Miss Kramer says she's learned about industrial nursing "as I go along" though here emergency ward work has helped her. She's found that applicator sticks, cut down to the proper size and secured with adhesive tape, make better finger splints than tongue blades, fitting close around the curve of a finger.

She advises butterfly, or suture tapes, for cuts to avoid sutures. She's found that an ordinary drinking glass makes a good finger soak and recommends protective hand creams to cut down on dermatitis contracted by allergic people working with oils.

Absenteeism Reduced

"Absenteeism because of colds has been cut down considerably with our good supply of nose and throat sprays. We give the employees cold tablets recommended by the company physician.

If our employees has the least inkling of a cold they take full advantage of our preventive aids and check the cold before it develops."

How does King Seeley feel about the contribution of the industrial nurse? In any retrenchment program, the company would be reluctant to dispense with her services.

Richard Berkeley, personnel manager, believes that the supportive value of the nurse is as important as her medical contribution.

He feels that most people can talk themselves out of their troubles. They can be helped more on the job if they have a cheerful listener. They also feel more secure if they know first aid medical treatment is available. All these things make for the value of the nurse.

"A nurse knows what trends are traveling through the plant. If we know what the troubles are, we can generally do something about them.

"If you catch a difficulty when it is small you generally can cure it. In

(Continued on page 56)

Enlarged Modernized Quarters In New York Prepared To Handle G. M. People Via The Latest In Equipment And Facilities

The New G. M. Medical Department

TWO absorbing segments of humanity's continuing search for a better world come to mind when we think of the enlarged new quarters, recently put into operation, of the General Motors Medical Department in New York.

One concerns the over-all progress of science in its search for radiant good health for everyone, and the other suggests a more immediate account of the amazing development in the past ten years of industrial medicine, particularly as it applies to us as individuals in General Motors.

The latter is a story of the singular devotion of the man who heads up the Medical Department for the entire corporation, the distinguished Dr. C. D. Selby.

There is something of a Harvey Cushing in the ardent devotion that Dr. Selby brings to the cause of humanity; and whether we realize it or not, his efforts in that direction affect the lives of almost every one of us in this far-flung corporation of ours.

Closer to home here in New York in the matter of medical personalities is Dr. Frank Ferlaino, who presides over the local scene. Quiet, unassuming and hard-working, Dr. Ferlaino has that rare uranium quality of the spirit known as empathy. Look that one up in the dictionary and you'll know something about the secret heart of the man who dedicates himself to the psychosomatic difficulties of G. M. people living in and about New York City.

Dr. Frank R. Ferlaino, medical director, General Motors Corporation, New York, gives Patricia McAuliffe treatment for a strained arm.

Assisting Dr. Ferlaino in the New York office are Shirley Aftab, Ellen M. Olson and Elizabeth Wellner, registered nurses, and most competent ones at that. So much for personalities.

The equipment of the new quarters is amazing in variety. Everything is spick-span new, of course, and more importantly, kept that way. You might almost say the equipment is downright inviting. It makes a person almost want to rush down for a cardiograph or bask in the rays of diathermy—it's the most inexpensive trip to Florida we've ever heard of.

When these treatments are administered by one of the capable nurses down there in the Medical Department, the patient is disposed to bring up the question, "Why should anyone mind a treatment like this?"

The watchword of the department is that competent old philosophy that nothing——no scratch, bump or bruise—is so slight that it can afford to be neglected. Everything, in fact, is treated, ranging from a sigh to a thrombosis. As a consequence, the ample new quarters are usually working more or less to capacity.

While the Department is certainly more than willing to extend its facilities to any employe during working hours, its services, of course, cannot take the place of, or be substituted for, the patient's personal physician. Nothing ever quite functions adequately as a stand-in for that worthy of all worthies, the family doctor.

Medical Record for 1949

Last year, during working hours, the local Medical Department's two nurses handled approximately 11,000 treatments, while the doctor, available on a limited part time basis, took care of 2500 medical visits, emergencies, consultations and placement examinations.

The size of this patient load would, under normal conditions, tax any reasonable facilities. It was the woeful inadequacy of the Department's old quar-

Elion Olson, R.N., prepares a hypodermic in one of the several treatment rooms of the infirmary.

ters to meet this challenge that brought about, through the efforts of the capable George Hughes, who heads up the local Executive Office Personnel Staff, and Paul Franke, office manager, General Motors, the adoption of a plan for the expansion and modernization of the Medical Department. The new quarters and facilities were the result.

Though the medical program of General Motors is not designed to go beyond emergency treatment of physical impairments and diseases which are occupational in origin, it is more comprehensive than this statement suggests.

Physician's Responsibility

The attending physician, for example, is responsible for the detection of all physical impairments and diseases among General Motors personnel, no matter what the origin.

Before a prospective General Motors man or woman is employed, or when an employe is transferred to a position which makes different physical demands on his body, it is the duty of the medical director to see that he or she is physically fit.

Again, when an employe seeks to return to work after an absence due to illness, the director examines him to prevent his returning too soon and thereby aggravating his condition or perhaps endangering that of his fellow employes.

The types of ailments treated by the Medical Department are many. They go far beyond such things as cuts, bruises and colds. Stubborn filing cabinets contribute fractures and crushed fingers. Wayward pencils account for various puncture wounds.

Vaccines, such as typhus, typhoid, tetanus, cholera and smallpox, all have their place in the picture. If an employe is to be transferred to a locality known for poor health and unsatisfactory sanitary conditions, he may be required to take a series of immunizing shots.

Adequate Equipment

Perhaps an employe has contracted some tropical disease while a member of the armed forces. If he needs aid in diagnosis or treatment for any of these things, the Medical Department not only has the knowhow, but the necessary equipment to handle the situation.

The story of the Medical Department's equipment alone is an eloquent one. Among other things, there is a diathermy machine for the application of "deep heat" to strained muscles, tendons and joints. Diathermy has tremendous advantages over the old "baking" processes.

The heat generated penetrates to the innermost tissues, yet this heat is not registered by the nerve endings in the skin which customarily detect temperature changes.

The Department's new electrocardiograph aids in the examination of the heart. The EKG, as it is called measures the minute electrical current generated by each heart beat. These electrocardiograph tracings are then used in conjunction with other clinical findings to determine the condition of the heart.

Incidentally, the electrocardiograph tells little concerning valvular drainage, or the ability of the heart to do its work. It should be studied only in relation to the whole clinical picture, for by itself the electrocardiograph has very little value.

A basal metabolism measures the rate at which the body uses food and thereby aids in determining whether the activity of the thyroid is sluggish, overactive or normal.

Modern Sterilizing Unit

The Department also has acquired a modern sterilizing unit which will keep instruments and syringes in perfect operating room sterility, and a new Frigidaire refrigerator, the latter for the storage of biologicals which would deteriorate under room temperatures. Several of the penicillin products, other vaccines and drugs must be kept at ice box temperatures.

The new quarters are quite handsome. Architecturally they are laid out so as to insure the most efficient use of available space. There will be no bumping into or stumbling over cabinets. These cabinets are present, of course, for they are indispensable, but they are set in specially designed recesses in the walls.

Ceilings are covered with special sound absorbing material, and the rooms have indirect lighting.

Glass paneling in the walls enhances the light and modernity of the new department. These features may sound like just so many frills, but they perform a definite therapeutic function. In a well designd, beautiful office, in an atmosphere of ease and quiet efficiency, a patient is inspired with confidence in the ability of the Department to render competent service.

Anxiety Eliminated

The patient becomes relaxed, and the anxious concern that is half the inconvenience of many ailments is thereby diminished.

The layout of the new Department resembles a miniature clinic. There is a special laboratory and another small room in which to collect urine specimens for urinalysis. This procedure is necessary to ascertain the presence or absence of kidney disease. Two rooms are equipped with beds, one room each for female and male patients, in which patients may rest while being observed.

Inter-Plant Cooperation

(Continued from page 34)

that way our attitude is something like the medical profession wanting to cure a minor infection before it goes too far."

The personnel manager added that the nurse "is a very staunch part of the personnel department; all of us have roles to play in maintaining the balance of a happy plant."

"An industrial nurse could do a great deal in counseling, which is becoming important in the personnel field. For example, women employees may be very reluctant to talk over their problems with a foreman, but they will talk to a woman employee."

Miss Kramer feels that industrial nursing offers rich opportunities for a nurse. The change from institutional to industrial nursing has "kept me from getting into a rut." When asked about her problems on the job she said, "I like the job so well I can't find much in it that would be a problem!"

Industrial Health News

Hazards of Beryllium Poisoning Receive Increased Attention

Ashley St. Clair, Associate Counsel of the Liberty Mutual Insurance Co. Boston, has listed Beryllium poisoning as one of three new occupational diseases (the other two being Lung Cancer from long exposure to chromium, and diseases caused by Radioactive Isotopes.)

Beryllium poisoning follows exposure to dust from a beryllium compound. Workers exposed to this hazard include those in beryl mines and extraction plants; in steel and nonferrous foundaries where beryllium is an alloy constituent; in plants producing phosphorus, fluorescent lamps and radio tubes; also in plants using phosphorus that contains beryllium.

St. Clair stated that increasing use of beryllium in industry makes the subject of prime importance. The disease may not appear for as long as five years after exposure ends. Either of the two forms may be fatal.

There are two general manifestations of the disease: on the skin and the respiratory organs. On the skin there may be a chronic ulcer often enclosing a crystal of the toxic agent. A serious inflammation of the trachea and bronchi may occur which may lead to pneumonia.

Absenteeism was high in a plant manufacturing alloys of beryllium. It averaged six per cent while the labor turnover averaged close to 100% per year. Dr. A. C. Titus, of the General Electric Company, has pointed out that the question of the toxicity of beryllium has come strongly to the attention of industrial physicians, chemists and metallurgists.

He made a study of air contamination from machining operations with Turbelloy No. 4, a beryllium stainless steel; it includes also tunksten, molybdenum and columbium. The beryllium content is about 0.7 per cent.

The concentration of beryllium in the air during machining of a beryllium stainless steel can be kept under a microgram per day. A local exhaust is needed during grinding operations. So far there is not a clear enough understanding of the disease to solve the problem of doubtful cases.

Dr. Charles R. Williams says: When beryllium and its compounds are encountered in industry, steps should be taken to keep atmospheric concentrations at low levels. As to safe limits, we know only that in several cases intoxication has developed from exposure in what one would usually call nondusty atmospheres.

The skin lesions which are associated with industrial use of beryllium have been overshadowed by the more serious lung lesions. Drs. Grier, Nash and Freiman, Boston, have noted the following skin lesions in those who come into contact with beryllium compounds: dermatitis, skin ulcer, skin lesions arising in patients with the chronic type of lung disease and pulmonary granulometosis.

To these they have added a further type: subcutaneous granuloma, occuring in persons who cut themselves on fluorescent lamps. Caution must be exercised in the disposal and salvage of burnt out fluorescent lamps.

As for the lung symptoms the main signs of beryllium poisoning are: cough, burning pain under the sternum, difficulties in breathing, cyanosis due to lack of oxygen, abnormal sweetish taste, loss of appetite with some weight loss and increasing fatigue.

There are definite changes in the lungs which in the X-ray picture were characterized by diffuse haziness of both lungs. Between exposure and the onset of symptoms is a long delay, the average time being about three years.

Treatment of "berylliosis" with modern chemical compounds has failed to alter the course of the disease. Such generally helpful measures as removal from exposure to beryllium, complete bed-rest, and inhaling of oxygen have proven best in the treatment of the disease.

Industrial Water Can be Made Safer

The first permanent element, transparent water filter ever made is now available! It is reported that nine out of ten American companies with a running water supply need cleaner water. The FISHER Water FILTER is said to do this job—often avoiding the expense of changing pipe lines or water tanks. Some of its outstanding features are:

1. It is not expensive and relatively easy to install.

2. No Filter Fillers To Buy—different from all prior water filters, the Fisher unit is built around a permanent metallic filter element.

The metallic filter element is composed of microscopic bronze spheres formed into a filter element by the latest advance in metallurgical methods.

3. Dirt Control—the transparent plastic case allows user to see dirt and foreign matter cleared by filter. User's own eyes tell him when to clean filter unit.

4. Easily Cleaned—when filter element has accumulated a quantity of dirt—user can remove filter body entirely by turning a single nut. Filter element is then rinsed clean in tap water and put back in place—ready to use again.

5. Ample Capacity—will filter up to 10 gallons of water per minute.

6. Positive, Consistent Filteration—all water is mechanically filtered—element will not change shape under water pressure.

7. Sturdy—made of tough plastic and enduring bronze.

8. Light Weight—less than 5 lbs.

9. Guaranteed—under standard one year guarantee extended on all Fisher products.

Clean, filtered water is a health necessity which everyone can afford and enjoy. Available through normal industrial supply channels within thirty days.

New Treatment for "Miner's Asthma" Proves Effective

Judged the best scientific exhibit at the 1949 Pennsylvania State Medical Society Convention held recently in Pittsburgh, was a display demonstrating a new treatment for anthracosilicosis, the dreaded "miner's asthma."

The treatment developed at Barton Memorial Division of Jefferson Medical College Hospital, Philadelphia, has been highly effective in providing relief for miners suffering with the disease, according to Dr. Burgess Gordon and Dr. Hurley L. Motley who are in charge of the project. The research is financed by the Anthracite Welfare Fund.

Key factor in the treatment is a double-acting cycling valve that helps force oxygen and drugs into the lungs of the victims. The valve, known as the Pneophore, is manufactured by Mine Safety Appliances Company, Pittsburgh.

Treatment centers making use of the new technique have been established at several locations in coal-mining areas. It was pointed out the treatment is not a cure of the disease but does bring relief.

In some cases it has enabled previously disabled miners to take some type of employment. The display also was exhibited at the annual meeting of the Industrial Hygiene Foundation at Mellon Institute, Pittsburgh, November 16, 18, 1949.

Industrial Nursing Q&A

D. Lauderman Boxer, R.N.

1. QUESTION: *I am an industrial nurse employed in a plant located in New Jersey. The other day one of our employees was sent to another state on Company business and while there, this employee was injured. The question in my mind is whether or not this employee is covered under the New Jersey Workmens' Compensation Act or under the Compensation Act of the State in which he was injured. Also, how should I make out the compensation report in such a case?*

Industrial R.N.

ANSWER: Generally speaking, when an employee in one state is injured in another, sometimes he is covered by the law of the state where he was hired and sometimes, by the law of the state where the injury occurred. However, the strict legal construction of interpretation is not important to the industrial nurse as she is not expected nor obliged to handle legal questions of this kind.

As an industrial nurse, you should make out your compensation report exactly as you would in any other case. The question of which law would govern this or similar situations will be decided by the proper officials or the proper statutory tribunal.

2. QUESTION: *Ours is a small company and we do not have an Industrial Nurse or a medical department. However, we have started having pre-employment examinations conducted in the doctor's private office on all new employees. Now the question has arisen as to what should be done with the physical examination cards that are returned to us by the physician after he has conducted the examinations. Should these cards be filed with the employee's personnel records, or what do you suggest?*

Plant Manager

ANSWER: It is not recommended that employees' medical records be filed with the employee's personnel records. Information concerning an employee's physical condition is confidential and should not be available to those who have access to the personnel records.

Since you do not have a Registered Nurse to act as custodian of these records, then it is suggested that the doctor retain these records in his private office. The doctor can then transmit to you or another proper person a statement in writing setting forth his opinion concerning the employee's physical ability to perform the duties of the job to which he is to be assigned, without divulging the actual medical diagnosis. A standard form could be developed for this purpose which should also include a code classification that could be used to indicate the employee's physical status as it relates to job performance. These forms could then be filed in the employee's personnel folder. This procedure would better serve your management's purpose as there is no need for you to have the actual medical diagnosis, and this would prevent the possibility of disclosure of confidential information concerning an employee's medical condition and the subsequent complications that might develop.

The records that are kept in the doctor's office would be considered as management's property. Consequently, an agreement should be made with the doctor whereby these records would be turned over to a proper company official upon request. Such an understanding would avoid controversies in the event that you establish an in-plant medical Department at some future date, and would therefore naturally want these records incorporated in the Company medical files. Then too, there is always the possibility that the doctor might discontinue conducting these examinations for your company or because of death or change of relationship with the company.

3. QUESTION: *I am an industrial nurse and would like to compile the Industrial Frequency and Severity rates for our plant. Could you please give me the formulas that are used for obtaining the Frequency and Severity rates?*

Industrial R.N.

ANSWER: According to the American Standards Association the following are the formulas which you requested:

"FREQUENCY RATE. The frequency rate shall be the number of industrial injuries per million hours exposure, computed according to the following formula:

$$\text{Frequency rate} = \frac{\text{Number of injuries} \times 1{,}000{,}000}{\text{employee hours or exposure}}$$

"SEVERITY RATE. The severity rate shall be the total time charges, in days, per 1,000 hours worked, computed according to the following formula:

$$\text{Severity rate} = \frac{\text{total time charged} \times 1{,}000}{\text{employee-hours of exposure}}$$

"STANDARD COMPARISON RATES. The total number of deaths, permanent total disabilities, permanent partial disabilities, and temporary total disabilities in all departments shall be counted in the computation of standard comparison industrial injury frequency rates. The time charges for these four classes of injuries shall be included in the computation of standard comparison industrial injury severity rates."

For more detailed and helpful information on the subject may we suggest that you obtain a copy of a booklet entitled "Method of Compiling Industrial Injury Rates" which is published by the American Standards Association, 70 East 45th Street, New York 17, New York. (Price 35 cents.)

Send Your Questions

We would be pleased to receive questions regarding any phase of Industrial nursing. Only questions of general interest will be published. However, all inquiries will receive a personal reply. Address your questions to:

Industrial Nursing Q and A
Room 902, 468 Fourth Ave.
New York 16, New York

Cancer's danger signals

1. Any sore that does not heal
2. A lump or thickening in the breast or elsewhere
3. Unusual bleeding or discharge
4. Any change in a wart or mole
5. Persistent indigestion or difficulty in swallowing
6. Persistent hoarseness or cough
7. Any change in normal bowel habits

Can be your safety signals

Cancer is curable if discovered early and treated properly

If any of these symptoms appear, see your doctor *at once*.

Write for the booklet about cancer. Just address your request to "CANCER".

AMERICAN CANCER SOCIETY, INC.

Psychiatric Nursing

(*Continued from page 11*)

Emotional insecurity and the personality maladjustments resulting from it, are among the chief factors involved in mental illness. Even among those who are temporarily affected by it in lesser degree it can work havoc.

The emotionally insecure are given to moodiness and depression. They brood over their problems and tend to be preoccupied. They suspect slights where none are intended because they suffer feelings of inferiority.

They are subject to irritation, resentment, frustration, fear and envy. Their sense of perspective is impaired and their judgment is clouded because it is often the result of unconscious prejudices and emotions.

Frequently they are fearfully just, but pitifully intolerant. The all important sense of humor has all but disappeared. Needless to say, the intellect can scarcely function at full capacity under such circumstances. The whole adds up to a nervous tension readily transmitted to those about them.

The psychiatric patient is hyper-sensitive to the moods and emotional reactions of those with whom he comes into contact. Unbalanced as he is, he attaches undue significance to them. His greatest need is to achieve serenity.

Frequently beset by terrific fears, by nightmares of hallucination and delusion, he must recover his sense of proportion and perspective through calm reassurance, tolerant understanding and judicious firmness.

If he is suffering from a manic-depressive psychosis, he will require tactful, unobtrusive supervison, necessitating constant alertness and vigilance as well as wise discrimination on the part of the nurse.

Unless she has considerable poise and equanimity she will be unequal to the task. But when fortified by inner peace, her complete entity freely devotes itself to the situation before her.

Her mind is clear and free of obstacles; her silence is not preoccupied with her own problems, but is receptive to the difficulties of those in her charge. This receptivity is instinctively felt.

Often all that is needed to initiate an illuminative flow of talk on the part of the patient, is the awarness that the nurse is sincerely interested in him as a person and wants to help him.

Her receptivity also greatly increases her power of observation. Here she can be of valuable assistance to the psychiatrist who supervises and directs treatment, but who must largely rely for accurate knowledge of the patient's condition on the personnel which is in constant contact with the patient and therefore in a position to observe all his actions and reactions.

The long, painful period of convalescence must be carefully rated with a regard to gradually reassuming the responsibilities and problems of normal living.

Confidence must be instilled not so much by words of encouragement as by innately reflecting a well integrated personality.

Patience and good judgment are essential factors in this timing process when a relapse would be far more disastrous than the initial illness.

Psychiatric nursing presents a challenge to develop the best that is in us even as it in turn leads us to a true fulfilment of our better self.

Physical health is essential to all good nursing; mental health is essential to psychiatric nursing. We cannot help others in gaining stability unless we ourselves are stable.

In caring for the mentally ill there is no set pattern, there is no such thing as "routine care." Since it requires a one hundred per cent alertness on the part of the nurse, her mind must be fully and willingly devoted to it.

Judgment, tact, impartiality, flexibility, consideration, patience, kindness, humor are all fine qualities essential in psychiatric nursing, but they are as so many scattered pieces of a jig-saw puzzle unless they are fitted into one integrated whole.

When the psychiatric nurse has a well adjusted personality based on emotional security within herself, the pieces fit; the picture is complete.

An Army Nurse Looks Into Atomic Nursing

(*Continued from page 13*)

special care of bed linens and pajamas is necessary when a patient's perspiration is radioactive, and a nurse would want to know the routine and be able to judge the necessity for it, Lt. Peters thinks.

Certainly a nurse whose patients are treated with radioactive isotopes would want to be prepared to deal with emergencies such as the accidental spilling of radioactive material, and this would demand a certain amount of special knowledge.

"I know of one hospital where they chopped out the wall on which a radioactive substance had been spilled," Lt. Peters recounted. "The nurses there were interested in finding out whether such extreme measures are ever called for, and if so, when."

As for the possibility of being called on in an emergency, she says: "If we ever find ourselves working with doctors in an atomic emergency, we'll need to know the terminology—what they are talking about when they say REM, which is the abbreviation for 'roentgen equivalent in man,' or MSD, for 'median sickness dose.'

"We'll need to know whether the therapy of radiation burns differ from that of ordinary burns—whether the doctor will be reaching for the usual materials or asking us for something else.

"In the event of an emergency which produced radiation sickness, nurses would need to be schooled in the special susceptibility of radiation patients to infections, and they could make their patients more comfortable if they were familiar with the whole course of the illness.

"For example, the epilation which frequently occurs has no bearing on the final outcome of the disease, but is distressing to the patient. A nurse who understands this phenomenon and its temporary nature would be a morale factor of importance."

"When you think of what nurses were called on to do in the war," Lt. Peters says, "it's not hard to imagine that they might have to assume unusual duties in an atomic emergency.

They might have to decide which of their assistants need to wear film badges or dosimeters. They might need to understand the uses of plasma and whole blood in radiation injuries and illness.

In the confusion and manpower shortage which an atomic emergency could produce, it might be necessary for nurses, especially public health nurses, to deal with such details as water pollution from radioactive sources."

An added value of the assignment of a nurse to this work will be the opportunity to evaluate the necessity for atomic nursing training for members of the Army Nurse Corps, and an opportunity to better determine just what such a course should include.

Determinations can be made as to how much background an Army nurse should have and which techniques she should be familiar with. A course can be developed which will provide the necessary knowledge without wasting any time on non-essentials.

Lt. Peters cautions that her present thoughts on atomic nursing should be considered an interim report, subject to changes and additions as her experience grows. "But meanwhile," she says, "from where I sit, nursing is more interesting than ever."

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ADMINISTRATOR: R.N. for small, modern hospital of forty beds, prosperous residential community thirty miles northwest of Chicago. $5000 yearly for well qualified person. (N229)

ANESTHETIST: Also supervise nurses; new sixty-bed hospital not far from Denver. $1000 maintenance. (N512)

DIETITIAN: For university hospital. Southern capital. Good salary, unusually attractive personnel policies. (N628)

DIRECTOR OF NURSES: 250-bed fully approved general hospital with outstanding educational program. South. $5000 maintenance minimum. (N572)

EXECUTIVE HOUSEKEEPER: For new 200-bed general hospital. Great Lakes Region. Will meet salary requirements of well qualified applicant. (N177)

MEDICAL RECORD LIBRARIAN: Fifty-bed modern hospital adjacent midwest college town. $1000 with maintenance, increasing to $3600. (N501)

NURSING ARTS INSTRUCTOR: Small approved hospital, western town of ten thousand. $3600 yearly. (N170)

SCIENCE INSTRUCTOR: Medium-sized hospital southwestern college town; opportunity for advancement. $3000 maintenance. (N188)

Positions Open

WOODWARD MEDICAL PERSONNEL

(Continued)

OBSTETRICAL SUPERVISOR: Five-day week. 200-bed general hospital, West Coast. $270 per month. (N166)

OPERATING ROOM SUPERVISOR: Small approved hospital midwest town of 15,000 adjacent university town. $260; maintenance. (N326)

STAFF NURSES: (a) 20-bed new hospital adjacent Caliente, Nevada. $230 per month. (b) 20-bed new hospital: Alaska $240 maintenance. (c) 100-bed California TB hospital. $235, increasing to $275 plus maintenance. Forty-hour week.

SURGICAL NURSES: (a) 100-bed approved hospital southern California. $2640 yearly. Forty-hour week. (b) 200-bed general hospital; west coast. Five-day week. $2800.

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(Agency)

Glenn Brown, Director

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NURSES: Industry, clinics, offices, hospitals, etc. Executives, instructors, supervisors, beginners, etc.

ANESTHETIST: 116 bed general hospital—Survey call only—call every other nite and week-end. Salary—$150 per month plus laundry. Maintenance—Nurses quarters—approximately $65.00 month. Apply: Miss G. M. Greene, R.N. Administrator, Memorial Hospital, Casper, Wyoming.

BUSINESS AND MEDICAL REGISTRY

(Agency)

Ellen Miller, Director

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Los Angeles 5, Calif.

ASSISTANT EDUCATIONAL DIRECTOR and also **PRACTICAL INSTRUCTOR** for mid-year term; 250-bed private general hospital, San Francisco area; salaries open.

ADMINISTRATOR—Arizona hospital of 75 beds; near Mexican border; salary dependent upon qualifications.

GENERAL DUTY—County hospital, Nevada, 45 beds, altitude 6000 feet; $215, maintenance; 48-hour week.

GENERAL DUTY—Alaska. Alternating duty; 48-hour week; maintenance, $185.
OBSTETRICS NURSE—New California district hospital; $225; 40-hour week.

SURGERY—Postgraduate course or good experience; some responsibility in obstetrics; Nevada mountains; $210, maintenance.

SURGERY—Postgraduate course or good experience; also nurse to combine obstetrics and surgery; Hawaii; $275; 48-hour week.

SUPERVISOR—Afternoon charge of house; 460-bed county hospital, Southern California; $275; 40-hour week.

GENERAL DUTY NURSES: $205 to $230 gross salary, $10 evening and night bonus. 44-hour week. Liberal personnel policies. 122-bed general hospital, 20 miles from New York City. Write Director of Nursing Service, Morristown Memorial Hospital, Morristown, New Jersey.

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Miss Elsie Day, Director

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DIRECTOR: Nursing Service, large T.B. sanatorium, eastern industrial city. $400, maintenance. Expansion program planned. Adequate staff, well organized institution.

DIRECTOR OF NURSING: 110-bed hospital, Michigan. $300, maintenance. (b) 125-bed hospital, Ohio; $325, maintenance. (c) 165-bed hospital, Methodist; $4,000. West.

CLINICAL INSTRUCTOR: Pediatric Nursing; 100-bed hospital; $300. (b) Operating Room; 250-bed Ohio hospital. (c) Obstetrical; 250-bed mid-western hospital. $275.

SUPERVISORS: All Services; day-night duty; General Duty; Nature Nurses; $175-$225, maintenance. Attractive localities. Desire living accommodations.

NURSES' RESIDENCE DIRECTOR: New Jersey, Ohio, Kentucky. $200, maintenance.

STAFF NURSES: Part or full time in specialized hospital connected with University in large Eastern city. Exceptional opportunity for furthering educational qualifications at the University. For detailed information apply: Box 176, Trained Nurse & Hospital Review, 460 Fourth Avenue, New York 16, N. Y.

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For further information write to

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THE JOHNS HOPKINS HOSPITAL
Baltimore 5, Maryland

Positions Open

NURSES WANTED—Registered nurses and registered psychiatric nurses (men and women) for state hospital assignments, for general duty, hospital work, tuberculosis and psychiatry; also registered psychiatric nurses with college degree as instructors of affiliating schools of psychiatric nursing; good salaries; opportunity for advancement; excellent retirement and insurance plan. Write: Division of Personnel Service, Department of Public Welfare, State Armory, Springfield, Illinois.

NURSING ARTS INSTRUCTOR—Immediate vacancy, 275-bed general hospital—150 students, 44-hour week. Vacation and sick leave policy. Apply Personnel Director, Aultman Hospital, Canton 40, Ohio.

NURSES: Choice of duty in three modern hospitals. General duty, $218 month to start; surgical, $216 month to start; relief shift, $5 extra. Two weeks paid vacation, six paid holidays, medical and hospital benefit plan. Rooms available, $12.50 per month. Contact Roy Watson, Jr., Kahler Hospitals, Rochester, Minnesota.

GENERAL DUTY REGISTERED NURSE for Labor and Delivery Room, Nursery and Central Supply. Vacancies also in medical-surgical nursing. Salary $145 and maintenance, or $165, one meal and laundry, $5 additional for 3-11; 11-7 duty. Two weeks' vacation after one year. Apply: Superintendent of Nursing, Alexandria Hospital, Alexandria, Virginia.

NURSES—for 190-bed tuberculosis hospital affiliated with Western Reserve University. 44-hour week. Salary $240 to $270. Full maintenance available at minimum rate. Usual holidays, vacation and sick time allowance. Advancement for desirable applicants. Apply to Director of Nurses, Sunny Acres Hospital, Cleveland 22, Ohio.

NURSE with Operating Room experience; also, General Duty Staff Nurses—Days. 70 bed general hospital, Westchester County, 20 miles from New York City. Liberal salary, yearly increment, maintenance, vacation and sick leave. Apply—Administrator, Tarrytown Hospital Association, Tarrytown, New York.

NURSES ARE NEEDED for Public Health Work in Texas. Public Health Nursing salary ranges: Director Nursing Service $287.50-$300.00 per month; Senior $240.00-$265.00 per month; Junior $205.00-$230.00 per month; Graduate Nurse $145.00-$190.00 per month. Car allowance of approximately $600.00 per year in addition merit system and retirement plan in effect. Address George W. Cox, State Health Officer, Austin 2, Texas.

WANTED: General Duty Nurses; tuberculosis hospital; South. Starting salary $140 per month with full maintenance. 44-hour week. Opportunity for promotion. Apply, Director of Nurses, Mississippi State Tuberculosis Sanatorium, Sanatorium, Mississippi.

NURSING ARTS INSTRUCTOR with degree, Operating Room Supervisor, and Nurses for the Obstetrical Dept., for a 154 bed hospital, connected with a large clinic, located in the capitol city. For detailed information apply: Box 180, Trained Nurse & Hospital Review, 468 Fourth Ave., New York, N. Y.

GENERAL DUTY NURSES. Pennsylvania State T.B. Hospital, Cresson, Cambria Co. Qualified to take responsibility in Surgery also. Starting salary Penna. Registration $2,418.00 per year less maintenance. Straight 8 hr. shifts. Inquire Medical Director.

REGISTERED NURSES—For Jersey City Medical Center. General duty positions available immediately. Salary $2,000 per year plus full maintenance for experienced nurses in an attractive modern residence; 44-hour day duty and 40-hour evening and night duty. 12 National Holidays per year. Transportation to New York by bus or Hudson Tubes in 15 to 20 minutes. For complete information write Director of Nurses, Medical Center, Jersey City, N. J.

WANTED NURSE for privately owned nursing home in New Jersey, 18 miles out of New York on bus line. Living accommodations optional. Reply by letter to 21 E. 90th St., New York N. Y., Apt. 7A.

STAFF NURSES needed—all departments—125 bed general hospital. 5½ day week. 2 weeks' vacation with pay. Apply Director of Nursing, St. Joseph Hospital, Mount Clemens, Mich.

Educational Films

(Continued)

by familiar with sources of films and their use.

Films cannot perform miracles for the teachers and students; yet if properly used, they can make instruction more dynamic, realistic, meaningful and interesting.

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The West . . .

(Continued from page 29)

the articulate 7,155,000 boosters who now make the State their home."

Hospitals are being constructed in El Paso, Dallas, Wichita Falls, Amarillo, Austin, San Antonio, Houston, Galveston, Corpus Christi, and the famous Rio Grande Valley. (You can look at those purple and gold hills we mentioned *any* good morning in El Paso.)

There are also many small hospitals being constructed in fairly isolated communities throughout the State. As you might expect, Texas has a tremendous hospital program underway. The State Health Department mentions:

"This office is particularly concerned about securing nurses for the smaller hospitals. Here is an opportunity to perform a rather useful public service."

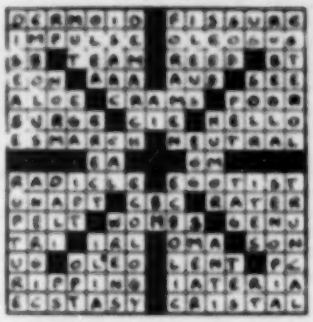
As space and the information at hand has permitted, we have presented a sampling of typical opportunities for nurses throughout the West.

You should make a complete investigation before an actual move. Dreaming and living are two different things, and if you do plan to go, for instance, where "the deer and the buffalo roam," be certain that's for you.

Check with the State Board of Registration to be sure you are eligible for the profession in that State. Examine the classifieds in TRAINED NURSE and correspond with the hospitals or agencies.

You may take your choice these days, but whether you select one of the western localities which have been mentioned in this article or choose from opportunities suggested in the articles to come, you will get the same satisfaction in a degree relative to the service you give your people anywhere.

Solution to Crossword Puzzle on Page 32



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News for Nurses

(Continued from page 5)

Committee of Catholic Nurses Associations, will provide for the participation of the pilgrims in these unique and stirring events. Many Sisters and Nurses will accompany the Pilgrimage, and others who are interested may also join it, as far as accommodations permit. The Pilgrimage will leave New York the latter part of August, 1950.

Experimental Studies on Nursing Education To Begin at Cornell U.—New York Hospital

A program of experimental studies to attempt to determine what the social sciences can contribute to broadening medical and nursing education and what the social sciences will receive in return, will begin in February at Cornell University Medical College and the Cornell University—New York Hospital School of Nursing, which are parts of The New York Hospital—Cornell Medical Center, 68th Street and the East River, in cooperation with the Russell Sage Foundation, it was announced recently. Social anthropology is the special field of interest in this work, which is expected to continue for about two years.

"The Russell Sage Foundation views the Cornell schools of medicine and nursing as exceptionally favorable experimental laboratories," said Dr. Donald Young, General Director of The Russell Sage Foundation. "It hopes that the results of work in these laboratories will have a large influence in subsequent years upon all medical and nursing education."

Professor Leo W. Simmons will be director of the project, the University Trustees announced. Professor Simmons is now Associate Professor in the Department of Sociology, Yale University, and has been granted a leave of absence for the period of his work at the Center.

He will be Visiting Professor of Anthropology in Medicine at Cornell University Medical College and Visiting Professor of Anthropology in Nursing at the Cornell University—New York Hospital School of Nursing, beginning February 1, 1950.

"The fields of medicine and nursing should be especially rich in opportunities for joint studies between the professions and the social sciences," said Dr. Stanhope Bayne-Jones, President of the Joint Administrative Board of the Center.

"The Modern trend in all medical science is the recognition of the need for individualizing patient care through the understanding of physical, mental and social factors affecting each patient."

Professor Simmons, in the School of Nursing, will explore and develop with the faculty the teaching areas for the preparation of the nurse who will be equipped to plan for Community health programs as well as for the physical, social and emotional needs of her individual patients in the hospital.

Professor Simmons will work with the teaching staffs toward a broader concept of the effects of sociological and psychological factors upon sickness and health. He will concentrate in part on those forces within society that produce frustration, aggression and insecurity and that manifest themselves frequently in sickness. Simultaneously, he will be concerned with family and community resources that tend to produce stability, a sense of security, normal health and development.

Within this pattern, attention will be given to the health implications of family situations, problems of unemployment and old age, attitudes of and about racial and nationality groups, lack of social security, need for adequate housing, education and recreational facilities.

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no. 1 It is "safe, comfortable and not prejudicial to health."

In recent years, clinical investigations by prominent gynecologists have established, unequivocally, the safety, adequacy and comfort of Tampax. As stated in medicine's official journal[1], "among more than 6500 women reporting on menstrual tampons as recorded in nineteen sources in the literature, medical and commercial, there are series that voice satisfaction ranging around the 90 per cents." One comprehensive study[2] covered a total of 2,340 cases using Tampax as a menstrual guard over a five-year period. Results not only "were most favorable," but vaginal biopsies and smears showed no abnormal changes, despite twice-daily insertion of Tampax by 36 women during an entire year! It was concluded that not only are Tampax tampons comfortable, but they do not irritate vaginal tissues—do not block the flow—and do not cause cancer, erosion or vaginitis. These and many similar authoritative findings—plus the purchase of almost *2 billion* Tampax tampons by women in every walk of life during the past 14 years—are significant Tampax Facts!

TAMPAX

The internal menstrual guard of choice

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